Healthy Virginia Communities: Report #2

An Updated Report on Year 2000 Health Status
and Risk Reduction Indicators
for the Commonwealth of Virginia
and Health Districts

August 2000

Message from the State Health Commissioner

It is my pleasure to provide you with a copy of *Healthy Virginia Communities: Report #2*. In this document we have updated the data from the first report published in December 1997 in order to show how the Commonwealth and its regions and health districts are progressing relative to some of the key health-related issues that confront our citizens.

The provision of this information is in keeping with the core public health function of assessment. In its landmark 1988 publication, *The Future of Public Health*, the Institute of Medicine recommended that "every public health agency regularly and systematically collect, assemble, analyze, and make available information on the health of the community . . . ." These data become the basis upon which localities can then determine their health needs and how they wish to use their resources to address them.

Those of us who serve you through the Virginia Department of Health are convinced that this data-driven approach is key to successful problem solving throughout the State. As the title of this report suggests, we also believe that healthy behaviors are most effectively promoted in healthy communities.

It will take all of us working together to realize the objectives that we have set for ourselves. We hope that this updated report will help you do your part to make it happen!

E. Anne Peterson, M.D., M.P.H.
State Health Commissioner

Statewide Progress Related to the Healthy Virginia 2000 Objectives

Based on a comparison of the data in the initial report and in this updated version (e.g., 1995 vs. 1998), the following table indicates how the Commonwealth is proceeding thus far in its efforts to realize the Healthy Virginia 2000 objectives. To determine the extent to which movement toward or away from the targets has occurred, the reader is referred to the narrative and charts for each objective for a more definitive analysis and interpretation.

Objective	Attained	Moving in Right Direction	No Significant Change*	Moving in Wrong Direction
Goal 1 - Improve Pregnancy Outcomes				
Infant Mortality			X	
Low Birthweight			X	
Prenatal Care		X		
Pregnancy Among Females Aged 15-17	X			
Smoking During Pregnancy		X		
Nonmarital Births			X	
Goal 2 - Decrease the Burden of Chronic Disease				
Coronary Heart Disease Deaths		X		
Stroke Deaths		X		
Cancer Deaths	X			
Diabetes Deaths			X	
Clinical Breast Examinations and Mammography (Ever)		X		
Clinical Breast Examinations and Mammography (Last 2 Years)	X			
Pap Tests (Ever)			X	
Pap Tests (Last 3 Years)				X
Stage of Cancer at Diagnosis			X	
Stage of Breast Cancer at Diagnosis		X		

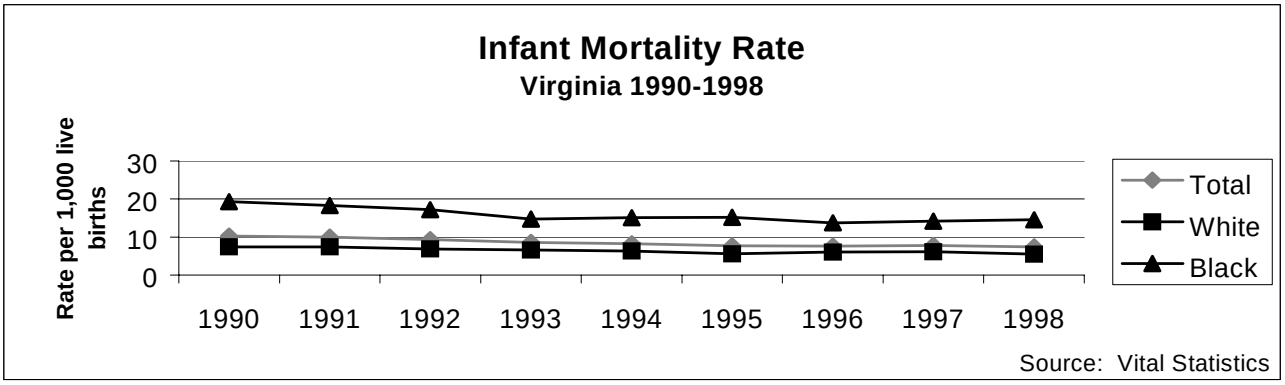
Objective	Attained	Moving in Right Direction	No Significant Change*	Moving in Wrong Direction
Stage of Colorectal Cancer at Diagnosis			X	
Cholesterol Screening			X	
Tobacco Use			X	
Physical Activity				X
Overweight			X	
Goal 3 - Protect Virginians from Communicable Diseases and Environmental Health Hazards				
Immunization Levels of 2 Year Olds		X		
Sexually Transmitted Diseases: HIV Infection		X		
Sexually Transmitted Diseases: Syphilis		X		
Sexually Transmitted Diseases: Gonorrhea		X		
Tuberculosis			X	
Delivery of Influenza Vaccine to the Elderly	X			
Delivery of Pneumococcal Vaccine to the Elderly		X		
Foodborne Disease: Salmonellosis		X		
Lead Poisoning		X		
Unintentional Injury Deaths	X			
Intentional Injury Deaths, Self Inflicted: Suicide			X	
Intentional Injury Deaths, Other Inflicted: Homicide	X			

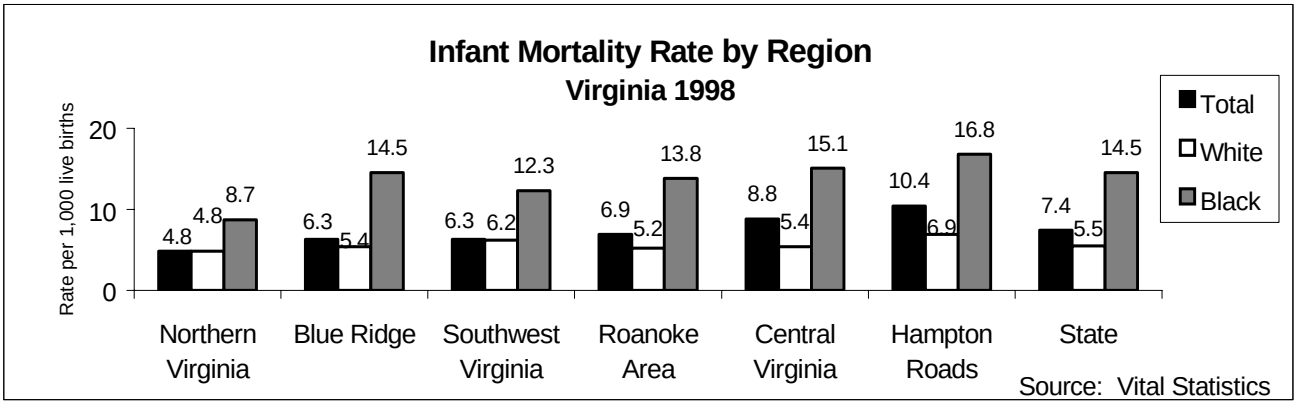
* The change in the indicator was not statistically significant

Infant Mortality

Objective: *Reduce the infant mortality rate to no more than 7 per 1,000 live births.*

The health of society=s most vulnerable members is a reflection of the health of the population as a whole. Each time an infant dies before its first birthday it is a tragedy that reminds us that there is still much to be done to ensure that all newborns are given the best possible chance to survive and thrive. Although Virginia=s infant mortality rate in 1998 reached an all-time low, it continues to be higher than that of the nation as a whole. This suggests that the Commonwealth=s attention to this issue must continue, especially its efforts to improve the health of black babies. The problem of infant deaths, however, does not lend itself to easy answers. Numerous and complex variables influence pregnancy outcomes, and if continuing progress is to be realized, health care providers and individuals must increasingly focus on the modification of behaviors and lifestyles that adversely affect the birth outcomes and morbidity of infants.





Infant Mortality Rate*
By Health District, Total Population, Virginia

Health District	1995	1996	1997	1998
Alexandria	7.1	4.7	4.7	5.7
Alleghany	5.8	2.8	1.4	5.1
Arlington	6.4	7.8	6.0	4.5
Central Shenandoah	4.7	7.1	7.6	6.0
Central Virginia	11.4	5.5	11.0	8.0
Chesapeake	9.1	7.4	10.3	10.6
Chesterfield	3.3	7.2	5.4	5.5
Crater	13.2	13.8	8.3	9.6
Cumberland Plateau	8.2	7.1	5.6	2.5
Eastern Shore	5.9	8.7	10.9	1.8
Fairfax	4.9	6.3	4.3	4.5
Hampton	9.6	7.2	6.9	8.3
Hanover	3.7	3.6	11.3	7.1
Henrico	8.5	5.9	8.4	7.6
Lenowisco	5.1	3.0	6.8	11.8
Lord Fairfax	5.1	6.4	6.1	7.2
Loudoun	4.0	3.4	3.1	3.2
Mount Rogers	6.3	8.3	4.7	4.7
New River	8.4	1.9	6.7	7.1
Norfolk	13.8	11.5	18.9	12.2
Peninsula	14.1	9.3	10.3	12.9
Piedmont	7.7	11.5	4.9	7.8
Pittsylvania/Danville	10.6	8.7	16.2	5.2
Portsmouth	11.9	13.3	12.0	14.6
Prince William	6.3	8.4	8.7	5.5
Rappahannock	6.9	7.0	7.2	7.5
Rappahannock/Rapidan	5.8	6.0	11.5	8.0
Richmond	15.2	19.1	9.2	12.3
Roanoke	6.6	5.2	6.2	8.1
Southside	11.1	5.1	5.1	12.1
Thomas Jefferson	5.5	6.2	6.4	4.3
Three Rivers	9.6	6.0	4.7	8.9
Virginia Beach	6.4	7.3	8.9	9.0
West Piedmont	4.8	6.9	6.1	10.4
Western Tidewater	9.7	11.8	10.5	7.2
Virginia	**7.7**	**7.6**	**7.8**	**7.4**
U.S.	**7.5**	**7.2**	**7.1**	**7.2** **

Virginia 2000 Objective

7 per 1,000

Status

No Significant Change

*Rates per 1,000 live births
**Based on preliminary data

Infant Mortality Rate*
By Health District, White Population, Virginia

Health District	1995	1996	1997	1998
Alexandria	3.0	3.5	2.6	3.7
Alleghany	4.7	2.2	1.5	3.6
Arlington	6.0	6.8	5.7	4.4
Central Shenandoah	4.6	7.1	7.0	5.6
Central Virginia	8.9	4.9	9.5	7.4
Chesapeake	4.2	4.8	6.0	9.0
Chesterfield	3.4	5.1	4.6	3.0
Crater	7.8	9.3	7.1	7.0
Cumberland Plateau	8.4	7.3	5.7	2.5
Eastern Shore	3.7	3.0	9.6	0.0
Fairfax	4.7	6.1	4.4	4.9
Hampton	4.2	5.4	5.6	2.9
Hanover	4.4	0.0	6.4	5.9
Henrico	7.7	5.1	4.5	5.2
Lenowisco	4.1	3.1	6.9	12.0
Lord Fairfax	2.9	5.4	5.9	6.7
Loudoun	4.1	3.8	3.5	3.7
Mount Rogers	6.0	7.5	4.9	4.3
New River	9.1	1.3	7.3	7.7
Norfolk	12.0	8.3	13.2	6.4
Peninsula	8.2	8.9	4.3	9.6
Piedmont	3.5	11.6	6.5	3.2
Pittsylvania/Danville	5.9	2.7	8.1	1.3
Portsmouth	8.1	10.0	5.6	4.5
Prince William	5.7	8.0	8.6	5.0
Rappahannock	6.5	6.9	6.5	6.5
Rappahannock/Rapidan	4.6	7.0	10.8	5.0
Richmond	4.8	10.1	2.8	3.5
Roanoke	3.6	2.7	6.1	4.3
Southside	5.9	7.9	4.1	9.9
Thomas Jefferson	5.1	5.5	8.0	3.8
Three Rivers	8.0	5.3	1.1	9.3
Virginia Beach	5.2	5.9	7.1	6.6
West Piedmont	2.7	3.6	6.2	7.1
Western Tidewater	7.8	11.4	10.4	3.7
Virginia	**5.6**	**6.0**	**6.1**	**5.5**
U.S.	**6.3**	**6.0**	**6.0**	**6.0** **

Virginia 2000 Objective

7 per 1,000

Status

Attained

*Rates per 1,000 live births
**Based on reliminary data

Infant Mortality Rate*
By Health District, Black Population, Virginia

Health District	1995	1996	1997	1998	
Alexandria	15.9	6.1	9.3	11.7	
Alleghany	36.4	20.4	0.0	30.3	
Arlington	14.6	21.4	18.1	9.7	
Central Shenandoah	8.2	10.0	22.7	8.0	
Central Virginia	20.3	7.9	13.3	10.2	
Chesapeake	21.7	14.6	21.1	15.3	
Chesterfield	3.2	14.2	10.0	16.3	
Crater	18.6	17.2	9.7	11.2	
Cumberland Plateau	0.0	0.0	0.0	0.0	
Eastern Shore	8.5	16.9	13.0	4.1	
Fairfax	9.0	11.0	7.0	7.3	
Hampton	17.2	9.9	8.9	15.1	
Hanover	0.0	26.3	39.2	15.2	
Henrico	11.7	9.0	19.2	14.3	
Lenowisco	76.9	0.0	0.0	0.0	
Lord Fairfax	30.3	29.1	13.2	10.5	
Loudoun	0.0	0.0	0.0	0.0	
Mount Rogers	23.3	40.0	0.0	18.9	
New River	0.0	16.4	0.0	0.0	
Norfolk	16.6	15.7	24.4	17.3	
Peninsula	24.3	10.1	20.4	19.3	
Piedmont	13.1	11.5	2.5	14.8	
Pittsylvania/Danville	16.5	17.4	28.8	10.6	
Portsmouth	15.0	16.2	17.1	22.2	
Prince William	11.3	13.0	10.7	9.0	
Rappahannock	12.5	8.6	12.0	13.8	
Rappahannock/Rapidan	14.2	0.0	17.5	29.1	
Richmond	20.0	23.7	12.7	16.8	
Roanoke	14.9	12.9	6.9	17.9	
Southside	16.7	2.1	6.2	14.5	
Thomas Jefferson	8.2	10.2	0.0	7.8	
Three Rivers	14.2	7.9	14.2	8.2	
Virginia Beach	11.3	14.3	15.7	18.5	
West Piedmont	12.5	18.6	6.1	23.4	
Western Tidewater	12.4	12.5	10.8	11.5	
Virginia	**15.2**	**13.7**	**14.2**	**14.5**	
U.S.	**15.1**	**14.2**	**13.7**	**14.1**	**

Virginia 2000 Objective

7 per 1,000

Status

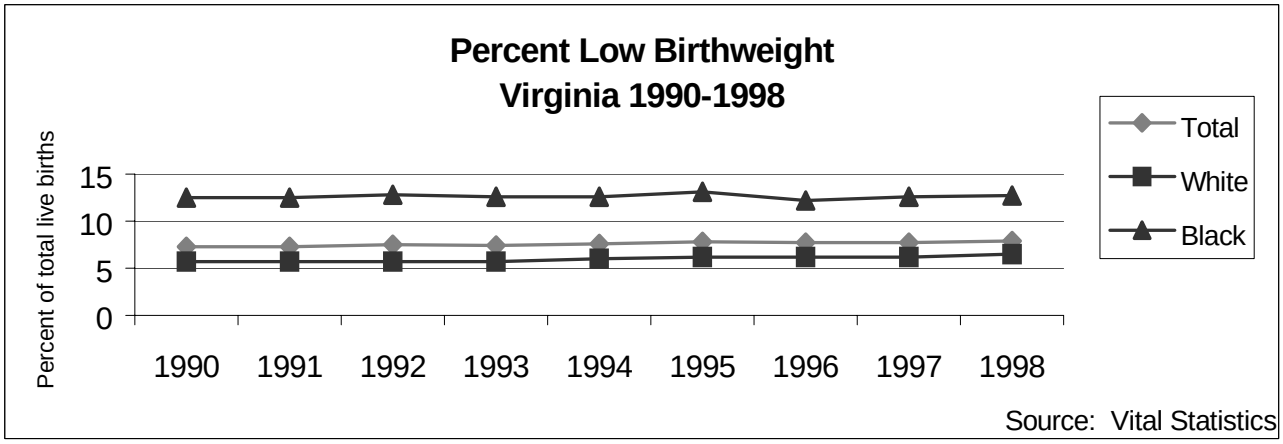
No Significant Change

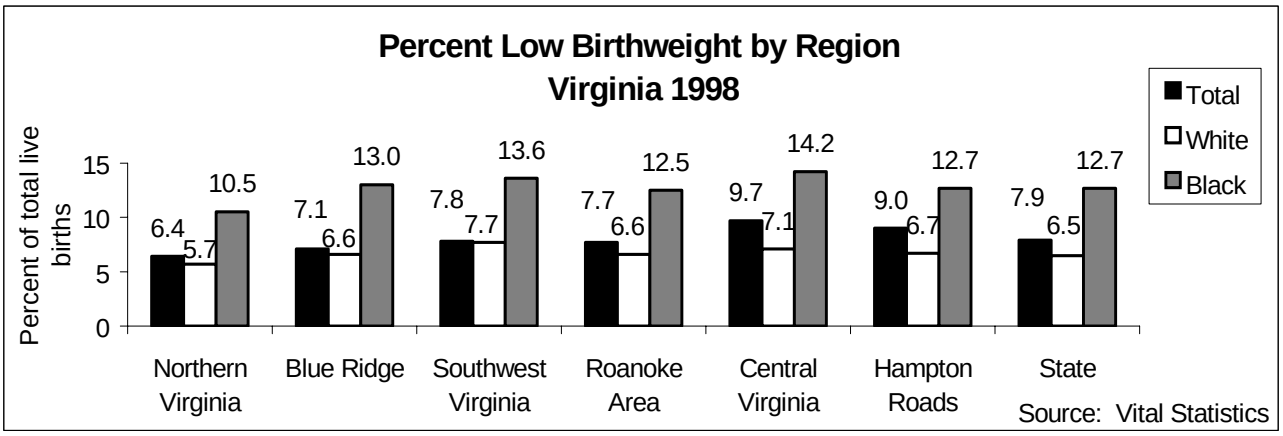
*Rates per 1,000 live births
**Based on preliminary data

Low Birthweight

Objective: *Reduce low birthweight to an incidence of no more than 5% of live births.*

The weight of an infant at birth is the single most important determinant of its chances of survival and healthy growth and development. If an infant is born weighing less than 52 pounds, it is classified as low birthweight and is much more susceptible to health-related problems than babies with normal birthweights. Included among the long-term threats for such infants are learning disorders, behavior problems, mental retardation, vision and hearing impairments, and other developmental disabilities. Cigarette smoking on the part of the mother is the greatest known risk factor associated with low birthweight, with up to 30% of all such pregnancy outcomes associated with this practice. In 1998 the percentage of low weight births for blacks in Virginia was still almost double that for whites.





Percent of Low Weight Live Births
By Health District, Total Population, Virginia

Health District	1995	1996	1997	1998	
Alexandria	6.7	7.6	7.2	7.7	
Alleghany	6.6	6.9	7.0	7.0	
Arlington	5.9	6.0	6.4	6.3	
Central Shenandoah	7.2	6.3	6.8	7.0	
Central Virginia	7.2	7.5	7.2	6.3	
Chesapeake	7.0	6.8	8.1	8.9	
Chesterfield	6.5	8.2	7.2	8.2	
Crater	10.1	8.8	9.0	10.1	
Cumberland Plateau	8.4	7.7	9.4	8.8	
Eastern Shore	8.5	10.8	7.1	10.1	
Fairfax	6.0	6.8	6.3	6.1	
Hampton	8.5	8.3	7.5	8.5	
Hanover	9.4	8.0	6.7	7.3	
Henrico	8.1	8.4	8.5	8.7	
Lenowisco	8.1	8.1	6.5	6.5	
Lord Fairfax	6.4	6.7	6.8	8.0	
Loudoun	5.8	4.9	5.1	6.2	
Mount Rogers	6.6	7.1	6.9	7.5	
New River	8.0	5.6	6.4	6.8	
Norfolk	10.5	9.3	10.8	11.3	
Peninsula	8.2	8.3	8.6	8.8	
Piedmont	10.5	7.9	9.8	10.2	
Pittsylvania/Danville	11.7	9.9	10.6	9.1	
Portsmouth	11.8	10.7	10.4	11.0	
Prince William	5.9	6.1	7.7	6.8	
Rappahannock	6.7	7.3	6.9	7.3	
Rappahannock/Rapidan	6.9	6.4	7.3	6.3	
Richmond	13.8	14.1	12.5	13.7	
Roanoke	8.5	8.6	8.4	9.6	
Southside	9.9	9.7	10.3	9.2	
Thomas Jefferson	8.3	6.6	6.9	8.4	
Three Rivers	8.8	8.6	8.6	8.3	
Virginia Beach	7.2	7.4	7.1	7.9	
West Piedmont	9.7	8.0	7.6	8.4	
Western Tidewater	8.6	8.0	9.3	7.8	
Virginia	**7.8**	**7.7**	**7.7**	**7.9**	
U.S.	**7.3**	**7.4**	**7.5**	**7.6**	*

Virginia 2000 Objective

5%

Status

No Significant Change

*Based on preliminary data

Percent of Low Weight Live Births
By Health District, White Population, Virginia

Health District	1995	1996	1997	1998
Alexandria	4.5	5.7	5.6	5.8
Alleghany	6.6	6.5	7.0	7.1
Arlington	4.7	4.8	5.2	6.2
Central Shenandoah	6.9	6.0	6.4	7.0
Central Virginia	4.9	6.4	6.0	5.2
Chesapeake	5.2	4.8	6.2	8.0
Chesterfield	6.2	7.2	6.2	7.0
Crater	7.2	5.2	6.8	6.4
Cumberland Plateau	8.4	7.8	9.3	8.9
Eastern Shore	6.0	6.7	4.5	6.6
Fairfax	5.1	6.0	5.6	5.6
Hampton	6.2	5.6	4.1	6.5
Hanover	8.6	7.4	6.0	6.6
Henrico	7.2	6.8	6.1	7.2
Lenowisco	8.2	8.1	6.5	6.5
Lord Fairfax	5.9	6.4	6.5	7.4
Loudoun	5.4	4.5	4.6	5.6
Mount Rogers	6.5	7.1	7.0	7.4
New River	8.0	5.8	6.5	6.5
Norfolk	7.5	7.1	7.1	7.6
Peninsula	5.9	6.2	6.1	6.5
Piedmont	6.8	6.0	7.0	6.3
Pittsylvania/Danville	7.2	7.2	7.0	5.5
Portsmouth	7.6	7.0	7.3	5.9
Prince William	5.1	5.5	6.5	5.4
Rappahannock	6.3	6.2	6.2	6.3
Rappahannock/Rapidan	6.0	5.6	6.5	5.6
Richmond	6.7	9.1	7.3	8.0
Roanoke	8.2	7.1	6.9	7.5
Southside	6.8	8.1	7.8	5.9
Thomas Jefferson	6.2	5.6	6.1	7.3
Three Rivers	7.2	6.7	6.7	7.1
Virginia Beach	5.8	6.4	6.1	6.5
West Piedmont	8.8	7.5	6.2	7.8
Western Tidewater	6.3	4.8	6.8	5.5
Virginia	**6.2**	**6.2**	**6.2**	**6.5**
U.S.	**6.2**	**6.3**	**6.5**	**6.5** *

Virginia 2000 Objective

5%

Status

Moving in Wrong Direction

*Based on preliminary data

Percent of Low Weight Live Births
By Health District, Black Population, Virginia

Health District	1995	1996	1997	1998
Alexandria	11.7	10.8	9.9	12.0
Alleghany	7.3	16.3	7.0	7.6
Arlington	11.1	10.4	11.7	8.4
Central Shenandoah	15.6	10.0	13.6	8.0
Central Virginia	14.7	11.5	11.3	10.2
Chesapeake	11.4	11.8	12.2	10.6
Chesterfield	8.3	11.8	11.3	13.3
Crater	13.0	12.2	11.2	13.7
Cumberland Plateau	7.1	0.0	25.0	9.1
Eastern Shore	11.5	16.9	10.8	14.8
Fairfax	12.1	11.8	10.3	9.0
Hampton	11.9	12.0	11.8	10.8
Hanover	14.7	12.6	11.3	11.6
Henrico	13.9	12.1	14.8	12.3
Lenowisco	7.7	14.3	16.7	11.8
Lord Fairfax	16.2	14.6	13.2	21.1
Loudoun	11.8	10.6	13.7	12.2
Mount Rogers	9.3	6.0	6.8	15.1
New River	13.2	6.6	7.0	10.7
Norfolk	13.5	11.2	14.2	14.7
Peninsula	12.7	12.5	12.8	12.4
Piedmont	15.3	10.6	14.1	16.0
Pittsylvania/Danville	17.3	13.8	16.3	14.0
Portsmouth	15.2	13.5	12.8	14.6
Prince William	9.8	9.5	13.0	11.4
Rappahannock	9.2	13.0	10.6	13.0
Rappahannock/Rapidan	10.8	12.4	14.6	10.7
Richmond	16.9	16.5	15.4	16.6
Roanoke	9.7	12.1	12.2	14.8
Southside	13.1	11.5	13.0	12.7
Thomas Jefferson	18.0	10.9	10.9	13.5
Three Rivers	13.6	13.2	13.1	11.0
Virginia Beach	12.4	11.3	11.1	11.9
West Piedmont	13.1	9.3	12.9	11.4
Western Tidewater	11.6	12.5	12.1	10.6
Virginia	**13.1**	**12.2**	**12.6**	**12.7**
U.S.	**13.0**	**13.0**	**13.0**	**13.0** *

Virginia 2000 Objective

5%

Status

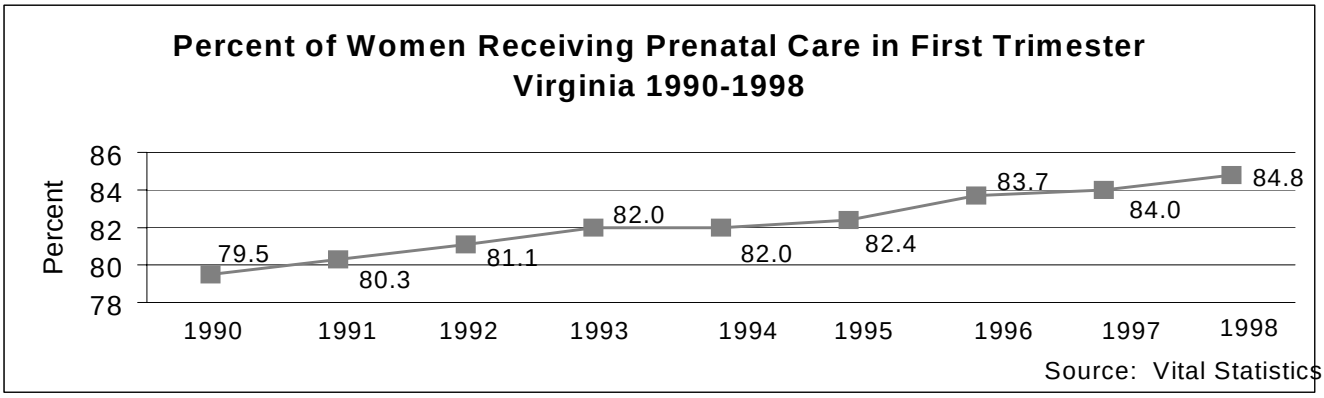
No Significant Change

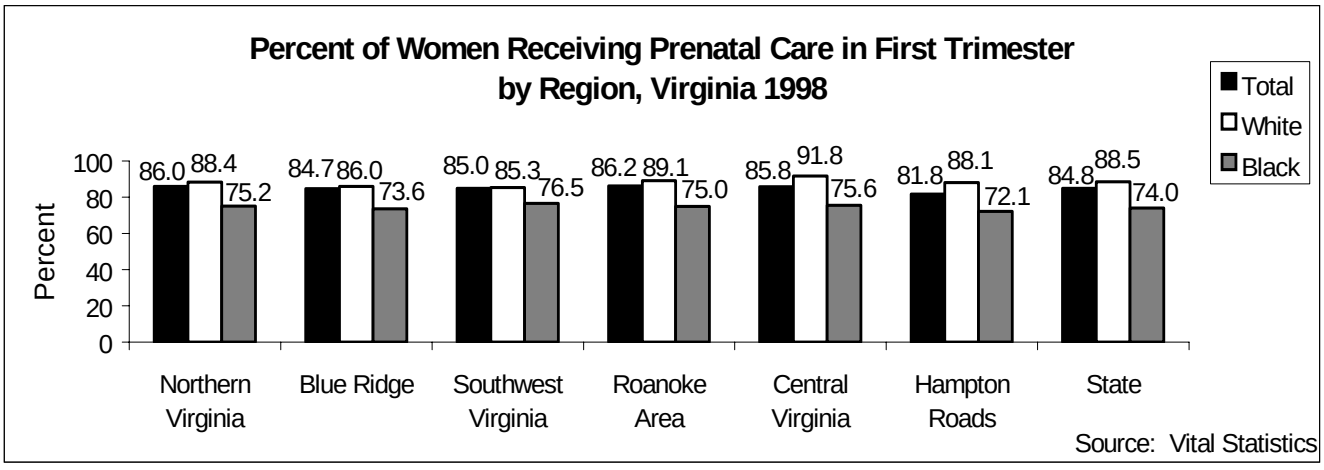
*Based on preliminary data

Prenatal Care

Objective: Increase to at least 90% the proportion of all pregnant women who receive prenatal care in the first trimester of pregnancy.

The first three months of pregnancy is a critical period for fetal development. High quality pregnancy-related health care services provided to a woman during this time help establish an important physical and emotional support system and are directly related to the delivery of healthy babies. Such care is especially important when women are at increased medical and/or social risk because of low income, limited education, teenage pregnancy, unhealthy family environments, or when there is use of alcohol, tobacco, and other drugs. The Commonwealth=s progress toward the stated objective is better than that of the nation as a whole; however, the pace at which we have been proceeding indicates that the target may be beyond our reach for the decade of the nineties.





Percent of Pregnant Women Who Receive Prenatal Care in the First Trimester by Health District, Virginia

Health District	1995	1996	1997	1998	
Alexandria	70.1	71.9	74.5	73.6	
Alleghany	91.3	92.9	89.9	92.3	
Arlington	68.9	76.5	74.9	79.2	
Central Shenandoah	84.8	83.7	84.7	82.4	
Central Virginia	86.3	85.4	83.5	90.0	
Chesapeake	86.5	87.8	87.3	86.4	
Chesterfield	91.0	90.6	86.7	91.4	
Crater	77.6	79.2	78.1	80.5	
Cumberland Plateau	79.8	83.2	83.2	84.4	
Eastern Shore	67.7	70.9	72.3	79.5	
Fairfax	81.5	86.0	85.0	86.9	
Hampton	78.3	78.9	78.4	78.0	
Hanover	93.5	93.8	90.7	92.8	
Henrico	91.4	92.1	88.3	89.8	
Lenowisco	83.3	77.8	86.2	83.8	
Lord Fairfax	86.0	88.4	87.1	87.9	
Loudoun	90.0	93.2	100.0	91.1	
Mount Rogers	87.4	84.9	86.8	86.5	
New River	83.5	82.4	84.0	84.5	
Norfolk	82.2	73.7	73.1	77.1	
Peninsula	82.2	81.7	78.4	81.1	
Piedmont	80.9	81.7	80.0	83.2	
Pittsylvania/Danville	82.2	82.0	75.7	81.1	
Portsmouth	73.8	75.2	75.9	74.2	
Prince William	82.1	84.6	87.1	86.8	
Rappahannock	85.1	87.5	90.6	90.4	
Rappanhannock/Rapidan	84.7	86.5	91.8	84.1	
Richmond	78.2	76.9	86.9	77.0	
Roanoke	88.3	87.1	88.8	88.9	
Southside	66.4	67.8	72.9	74.1	
Thomas Jefferson	87.3	86.8	89.0	84.9	
Three Rivers	81.1	79.5	77.2	80.4	
Virginia Beach	83.9	84.5	85.3	86.0	
West Piedmont	78.4	77.8	80.9	81.5	
Western Tidewater	82.8	82.8	80.0	83.9	
Virginia	**82.4**	**83.7**	**84.0**	**84.8**	
U.S.	**81.2**	**81.9**	**82.5**	**82.8**	*

Virginia 2000 Objective

90%

Status

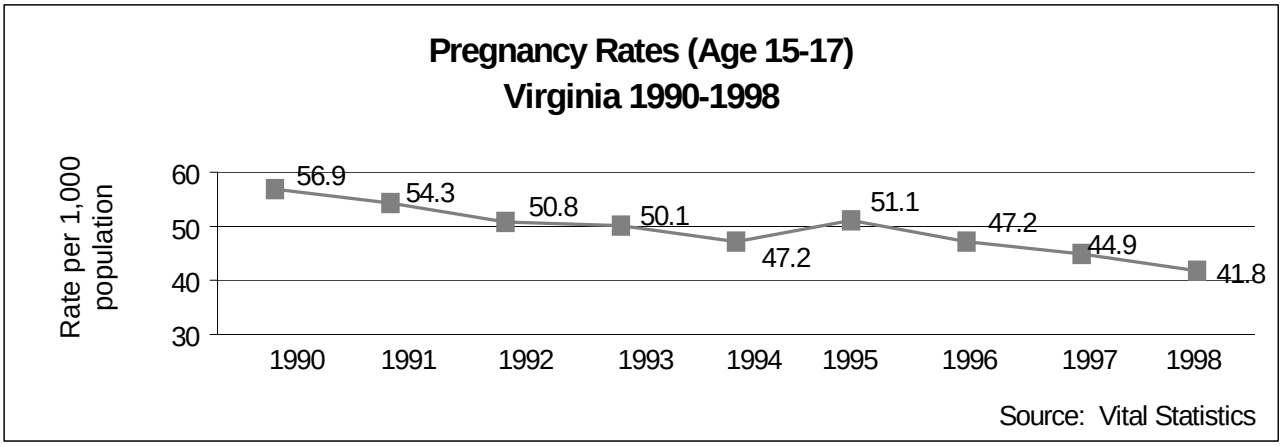
Moving in Right Direction

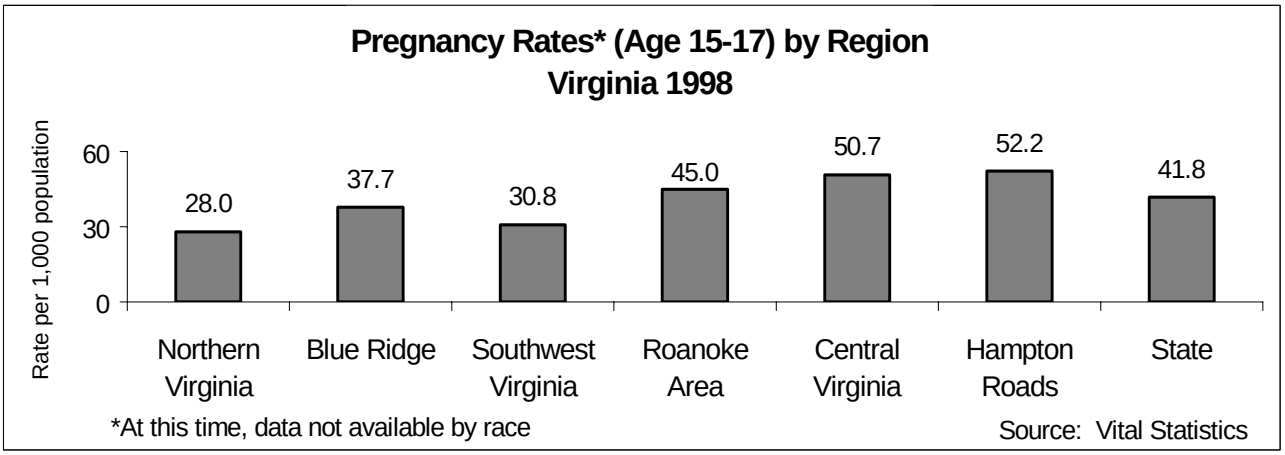
*Based on preliminary data

Pregnancy Among Females Aged 15-17

Objective: *Reduce pregnancies among females aged 15-17 to no more than 50 per 1,000 adolescents.*

Teenage pregnancy in Virginia in 1998 was at its lowest point of the decade, and the stated objective has already been surpassed. While the overall trend is therefore a positive one, there are still major concerns related to this issue. Although not reflected in the data on these pages, it should be noted that the pregnancy rate for black adolescents in this age group is more than 22 times what it is for white females (82.6 vs. 29.9 per 1,000). Regardless of race, however, teenage mothers are less likely to get or stay married, less likely to graduate from high school, and more apt to live in poverty and require welfare assistance than their non-pregnant peers. Dealing successfully with the complex factors that influence an individual=s decision to become sexually active at this age will continue to be a significant challenge.





Pregnancy Rates* of Females Aged 15-17 by Health District, Virginia

Health District	1995	1996	1997	1998
Alexandria	101.3	87.5	72.3	68.5
Alleghany	28.4	23.1	25.0	24.7
Arlington	50.2	55.5	38.6	32.3
Central Shenandoah	47.9	50.0	44.6	39.7
Cental Virginia	53.5	56.2	48.0	46.1
Chesapeake	37.1	53.1	46.0	49.6
Chesterfield	37.1	29.3	33.1	34.6
Crater	69.6	70.0	70.3	59.9
Cumberland Plateau	40.2	39.4	26.3	26.7
Eastern Shore	69.2	68.1	69.4	46.4
Fairfax	23.0	21.2	19.1	16.5
Hampton	76.2	70.9	59.5	55.6
Hanover	29.5	29.6	27.1	23.3
Henrico	45.3	32.0	40.5	45.0
Lenowisco	43.8	32.9	34.6	31.6
Lord Fairfax	46.2	44.1	39.2	35.3
Loudoun	33.7	27.1	30.2	37.1
Mount Rogers	47.3	36.0	31.6	31.9
New River	48.0	36.8	33.5	38.3
Norfolk	98.6	96.2	92.5	88.2
Peninsula	59.3	54.2	50.8	49.0
Piedmont	53.2	48.1	58.8	55.0
Pittsylvania/Danville	49.5	62.6	59.1	58.5
Portsmouth	99.2	93.9	86.3	82.0
Prince William	50.4	44.7	44.7	41.8
Rappahannock	51.4	44.0	49.1	39.3
Rappahannock/Rapidan	56.0	43.7	36.6	33.3
Richmond	109.9	110.4	113.3	97.3
Roanoke	99.8	103.0	94.8	88.4
Southside	49.1	69.0	53.9	53.3
Thomas Jefferson	58.2	48.7	51.9	45.4
Three Rivers	46.3	42.1	38.5	40.8
Virginia Beach	50.9	43.4	42.1	36.9
West Piedmont	55.6	46.3	54.4	41.5
Western Tidewater	58.2	60.9	52.2	49.9
Virginia	**51.1**	**47.2**	**44.9**	**41.8**
U.S.	**71.7**	**67.8** **		

Virginia 2000 Objective

50 per 1,000

Status

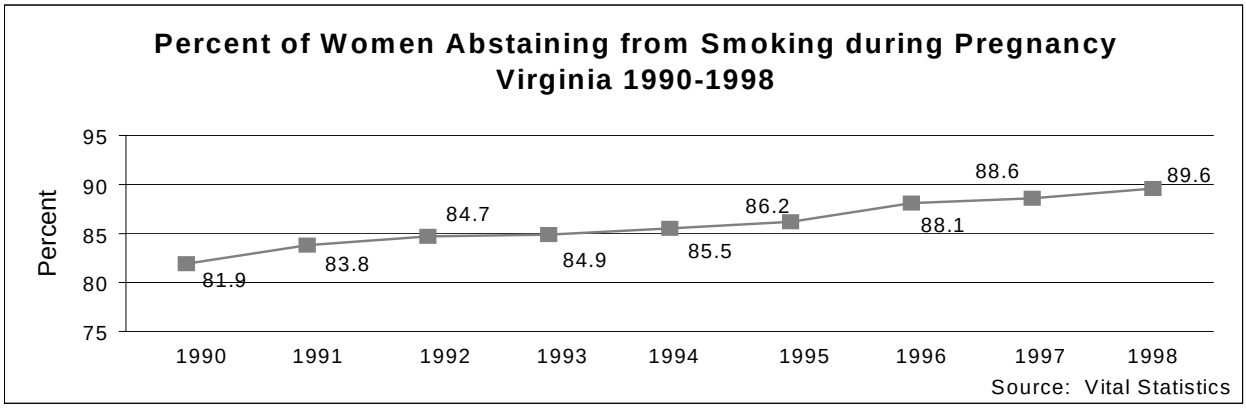
Attained

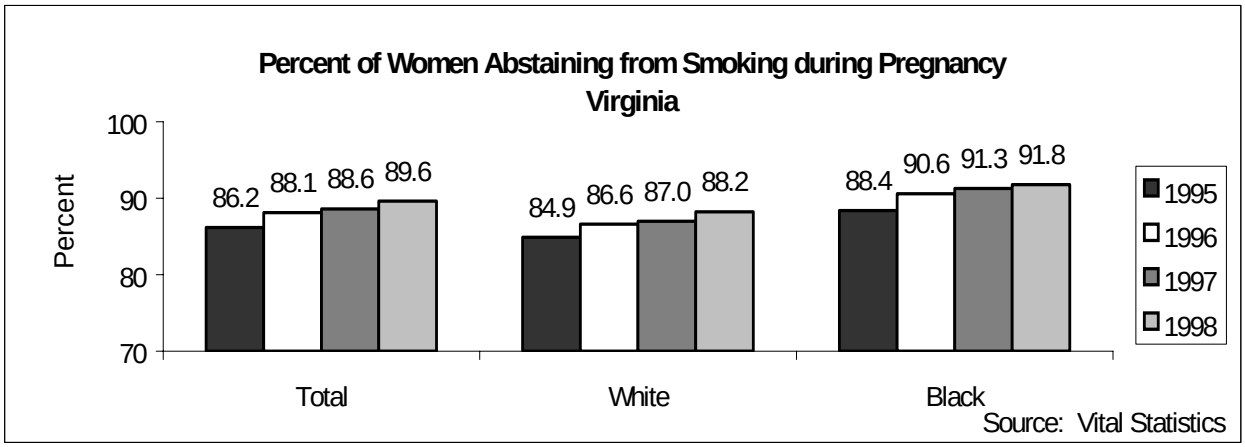
*Rate per 1,000 adolescents, based on extrapolation of population
**Latest year for which estimated national data are available

Smoking During Pregnancy

Objective: *Increase the percentage of women who abstain from smoking while pregnant to at least 90%.*

The adverse health effects of tobacco use have been well documented over the last several decades. Of particular importance is the research that shows that cigarette smoking during pregnancy is linked to higher rates of miscarriage, premature births, low birthweight full-term babies, congenital malformation, and fetal and infant deaths, and that it has a detrimental effect on a child=s future growth and development. Reduction of such risks is a high public health priority that has seen steady progress during the nineties, with an average of approximately 1% more pregnant women in Virginia each year counted in the abstinence column. Proportionately, more black women than white women abstain from smoking during pregnancy. It is expected that the stipulated objective will be realized for the State ahead of schedule.





Percent of Mothers Indicating No Smoking During Pregnancy by Health District, Virginia Residents*

Health District	1996	1997	1998
Alexandria	95.9	96.0	96.7
Alleghany	83.9	87.4	87.3
Arlington	97.9	98.0	98.2
Central Shenandoah	83.1	83.7	82.9
Central Virginia	82.2	82.0	83.6
Chesapeake	89.9	89.8	91.0
Chesterfield	86.6	87.2	89.9
Crater	85.5	86.2	87.3
Cumberland Plateau	77.6	76.9	74.9
Eastern Shore	90.9	92.0	92.8
Fairfax	96.8	96.4	97.1
Hampton	87.8	88.5	88.5
Hanover	88.6	89.8	92.5
Henrico	90.2	91.0	92.3
Lenowisco	69.9	72.2	73.4
Lord Fairfax	80.5	79.5	80.3
Loudoun	95.3	96.7	96.0
Mount Rogers	76.6	76.0	78.0
New River	81.6	83.6	83.9
Norfolk	85.8	86.6	88.6
Peninsula	87.6	89.5	89.4
Piedmont	83.6	79.7	84.6
Pittsylvania/Danville	78.1	78.7	83.0
Portsmouth	89.3	87.6	90.1
Prince William	90.9	89.6	91.6
Rappahannock	85.6	87.6	91.0
Rappahannock/Rapidan	84.2	85.3	85.0
Richmond	84.1	86.4	87.4
Roanoke	82.9	87.0	85.5
Southside	82.6	82.0	82.0
Thomas Jefferson	86.8	87.7	89.1
Three Rivers	85.0	85.0	86.1
Virginia Beach	88.0	89.2	89.7
West Piedmont	79.5	80.8	80.4
Western Tidewater	89.2	89.6	90.9
Virginia	**88.1**	**88.6**	**89.6**

Virginia 2000 Objective

90%

Status

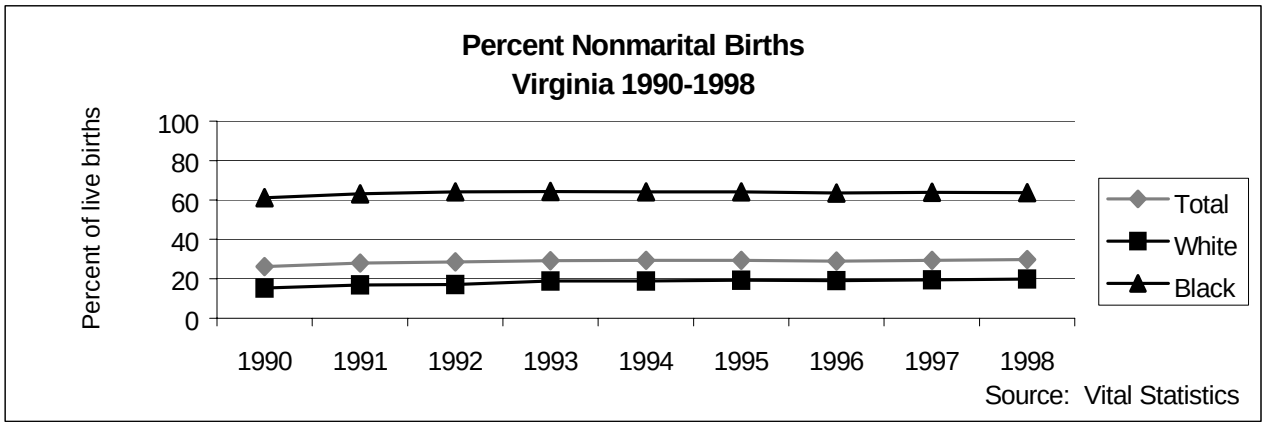
Moving in Right Direction

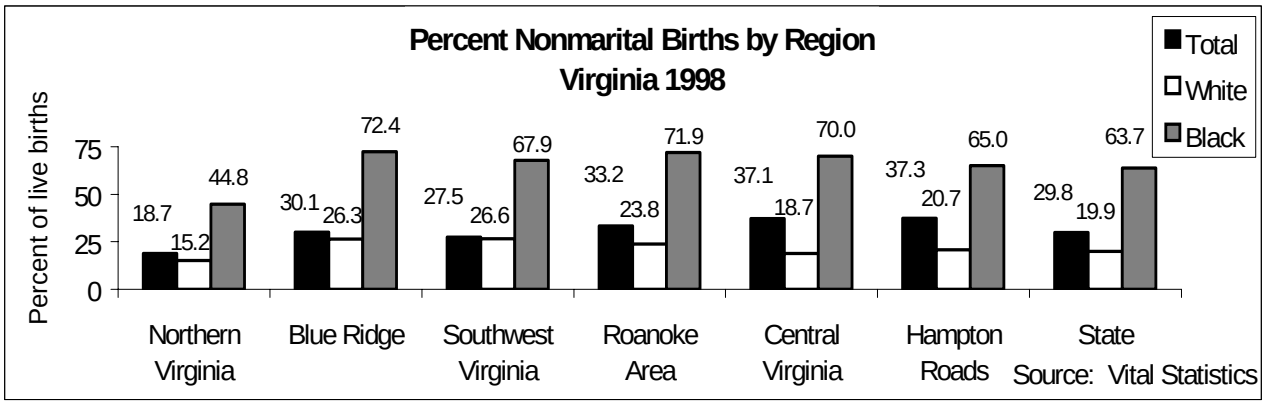
*Smoking history data are only available for women whose pregnancy resulted in live births

Nonmarital Births

Objective: *Reduce the percentage of nonmarital births to 22% of total live births.*

A review of the data on the adjoining page shows that the Commonwealth=s record with regard to nonmarital births hasn=t changed much in the last four years. Two out of every ten white babies and more than six of every ten black babies born in 1998 were the offspring of unmarried parents. Statewide, a total of 28,057 such infants began life in this way that year, and these children often result from unplanned, unintended, or mistimed pregnancies. Inadequate prenatal care is more likely in such situations, and when coupled with the use of drugs, alcohol, and tobacco during pregnancy, the risk of low birthweight and infant mortality is significantly increased. Studies also show that as out-of-wedlock children become older they are more apt to live in poverty, be abused, and suffer health and emotional problems than their counterparts who are raised in traditional family





households.

Percent of Nonmarital Births
by Health District, Total Population, Virginia

Health District	1995	1996	1997	1998	
Alexandria	31.3	28.7	27.4	26.8	
Alleghany	21.4	21.3	21.0	22.2	
Arlington	24.6	22.8	21.7	21.4	
Central Shenandoah	27.9	27.2	29.0	29.7	
Central Virginia	32.7	33.7	32.7	33.3	
Chesapeake	27.0	26.7	29.8	30.1	
Chesterfield	23.3	22.1	23.0	22.8	
Crater	49.3	49.3	49.8	48.6	
Cumberland Plateau	24.5	26.3	24.1	26.8	
Eastern Shore	54.9	54.3	52.0	54.6	
Fairfax	16.5	15.5	15.6	14.9	
Hampton	38.1	37.5	38.1	40.1	
Hanover	18.4	17.8	18.2	18.9	
Henrico	26.0	25.1	26.0	29.0	
Lenowisco	30.2	26.6	27.1	28.1	
Lord Fairfax	29.9	30.6	31.3	31.5	
Loudoun	12.1	11.1	10.1	10.6	
Mount Rogers	23.6	24.3	24.9	26.6	
New River	24.4	23.8	24.3	25.0	
Norfolk	46.6	47.3	47.5	50.0	
Peninsula	33.6	33.4	34.3	36.7	
Piedmont	44.6	39.4	42.4	40.7	
Pittsylvania/Danville	42.5	39.1	40.1	43.0	
Portsmouth	52.7	51.9	54.1	52.6	
Prince William	22.7	22.6	23.1	24.0	
Rappahannock	25.4	26.2	27.0	28.1	
Rappahannock/Rapidan	29.1	29.1	28.0	30.5	
Richmond	61.9	61.4	59.0	64.0	
Roanoke	42.3	39.7	43.9	45.8	
Southside	44.7	46.8	46.6	49.7	
Thomas Jefferson	26.9	28.1	28.7	29.3	
Three Rivers	35.3	35.8	37.0	36.7	
Virginia Beach	23.8	25.0	25.4	25.8	
West Piedmont	34.0	34.1	35.3	34.3	
Western Tidewater	38.1	37.2	41.0	41.6	
Virginia	**29.3**	**28.9**	**29.3**	**29.8**	
U.S.	**32.2**	**32.4**	**32.4**	**32.8**	*

Virginia 2000 Objective

22%

Status

No Significant Change

*Based on preliminary data

Percent of Nonmarital Births
by Health District, White Population, Virginia

Health District	1995	1996	1997	1998	
Alexandria	29.7	14.8	12.8	13.7	
Alleghany	14.1	20.4	19.8	21.0	
Arlington	18.6	19.0	14.9	16.8	
Central Shenandoah	20.4	25.1	26.8	27.8	
Central Virginia	22.0	21.0	20.6	21.7	
Chesapeake	20.3	14.4	37.4	17.9	
Chesterfield	14.6	17.4	17.1	16.7	
Crater	25.1	25.5	27.3	24.7	
Cumberland Plateau	17.8	25.3	23.6	26.5	
Eastern Shore	28.4	33.2	27.8	34.0	
Fairfax	13.2	13.5	13.6	13.2	
Hampton	23.2	18.4	21.6	23.2	
Hanover	12.1	11.2	11.7	11.6	
Henrico	19.1	13.6	14.8	15.3	
Lenowisco	22.0	26.1	27.0	27.4	
Lord Fairfax	21.6	28.8	29.7	30.0	
Loudoun	9.9	9.0	8.4	8.9	
Mount Rogers	15.3	22.9	23.2	25.5	
New River	17.6	23.0	23.2	23.1	
Norfolk	27.7	24.9	24.3	26.2	
Peninsula	22.3	18.0	19.7	19.4	
Piedmont	24.1	18.6	21.6	20.3	
Pittsylvania/Danville	23.8	20.4	20.8	23.8	
Portsmouth	25.7	22.9	27.7	26.3	
Prince William	14.1	18.7	18.8	19.5	
Rappahannock	19.0	22.2	21.2	23.1	
Rappahannock/Rapidan	21.0	22.1	22.4	24.9	
Richmond	30.4	24.0	21.8	27.1	
Roanoke	23.7	28.3	30.8	33.1	
Southside	24.4	20.8	23.5	23.7	
Thomas Jefferson	19.8	19.1	20.0	21.2	
Three Rivers	22.3	21.0	22.8	22.8	
Virginia Beach	17.6	19.0	18.6	18.7	
West Piedmont	24.1	23.8	24.9	25.3	
Western Tidewater	22.6	13.5	16.4	17.5	
Virginia	**19.3**	**19.0**	**19.4**	**19.9**	
U.S.	**25.3**	**25.7**	**25.8**	**26.3**	*

Virginia 2000 Objective

22%

Status

Attained

*Based on preliminary data

Percent of Nonmarital Births
by Health District, Black Population, Virginia

Health District	1995	1996	1997	1998
Alexandria	57.2	50.5	49.0	44.5
Alleghany	65.5	53.1	54.4	56.1
Arlington	56.0	46.2	43.7	41.9
Central Shenandoah	72.1	78.0	73.5	73.6
Central Virginia	74.1	76.0	73.5	73.6
Chesapeake	57.7	57.8	59.4	59.0
Chesterfield	51.6	46.2	51.6	47.3
Crater	72.7	71.4	71.6	70.1
Cumberland Plateau	78.6	85.0	83.3	63.6
Eastern Shore	86.4	84.4	85.3	81.1
Fairfax	45.0	44.0	43.1	42.4
Hampton	60.3	62.3	58.8	60.9
Hanover	58.7	57.4	54.9	63.6
Henrico	57.5	56.7	56.4	62.3
Lenowisco	69.2	64.3	66.7	82.4
Lord Fairfax	64.6	69.9	78.9	63.2
Loudoun	44.8	46.1	41.8	39.8
Mount Rogers	67.4	74.0	74.6	64.2
New River	64.5	60.7	66.2	77.3
Norfolk	70.3	71.8	71.1	70.6
Peninsula	63.7	64.6	61.9	65.8
Piedmont	70.9	68.4	74.2	71.9
Pittsylvania/Danville	68.2	66.3	69.5	70.1
Portsmouth	74.3	74.8	74.9	71.7
Prince William	43.8	43.4	45.0	46.7
Rappahannock	54.9	51.0	59.4	57.4
Rappahannock/Rapidan	73.1	78.5	74.3	68.9
Richmond	79.2	79.2	78.9	81.6
Roanoke	75.2	72.8	80.7	77.2
Southside	72.3	75.1	70.2	77.4
Thomas Jefferson	70.0	71.8	72.0	71.5
Three Rivers	73.3	73.0	74.9	74.8
Virginia Beach	46.8	48.2	50.7	51.4
West Piedmont	70.7	70.3	71.8	68.6
Western Tidewater	68.4	69.7	70.8	70.3
Virginia	**64.0**	**63.5**	**63.8**	**63.7**
U.S.	**69.5**	**69.8**	**69.1**	**69.0** *

Virginia 2000 Objective

22%

Status

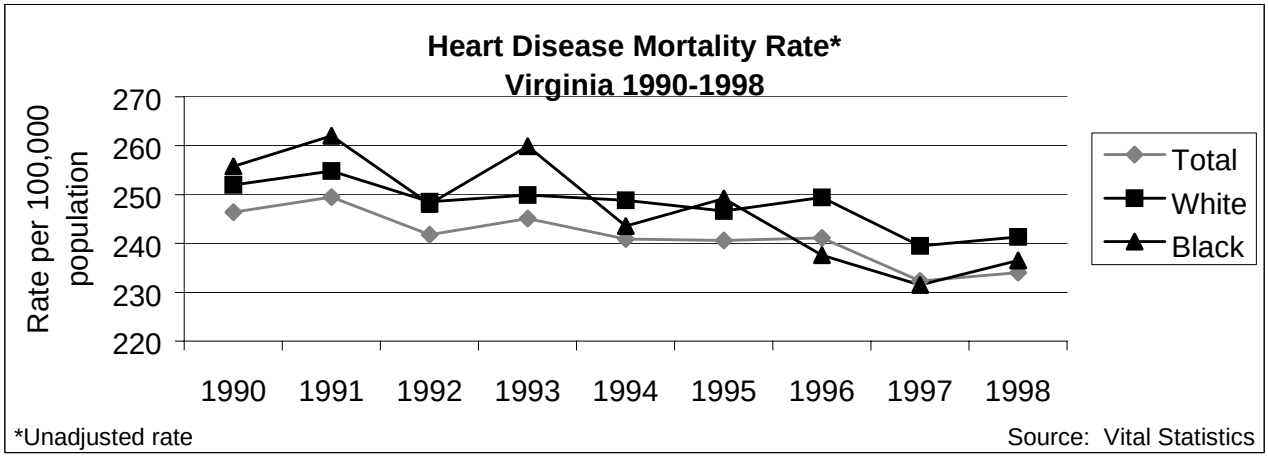
No Significant Change

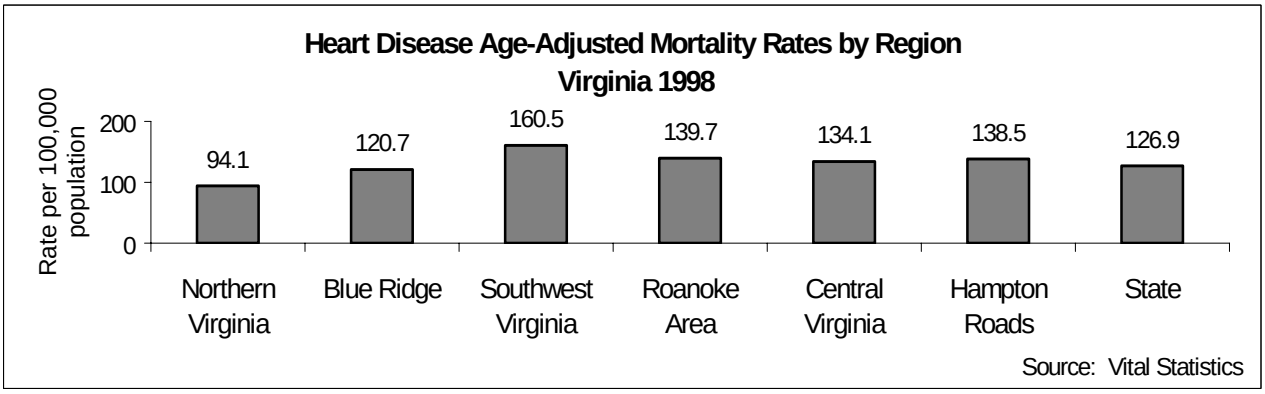
*Based on preliminary data

Coronary Heart Disease Deaths

Objective: *Reduce coronary heart disease deaths to no more than 100 per 100,000 people (age-adjusted).*

Heart disease continues to be the leading cause of death and a common cause of morbidity in Virginia and the United States. Despite this statistic, there has been substantial progress during the nineties; and the 1998 data show that the age-adjusted death rates had improved over what they were three years earlier in twenty-nine of the thirty-five health districts. Particularly noteworthy is the fact that the rate for blacks has dropped significantly since its high point of the decade in 1991. At present none of us has control over such risk factors as genetic predisposition, gender, and advancing age; but an improved lifestyle tilts the odds in our favor. By lowering high blood pressure, lowering high blood cholesterol, stopping cigarette smoking, reducing overweight, increasing physical activity, and controlling diabetes, we can reduce the risk of heart disease in our lives.





Coronary Heart Disease Age-Adjusted Death Rates*
by Health District, Virginia

Health District	1995	1996	1997	1998
Alexandria	106.8	111.1	101.9	108.3
Alleghany	141.0	133.8	131.5	123.1
Arlington	96.9	82.2	86.7	90.2
Central Shenandoah	136.8	138.9	129.8	128.8
Central Virginia	137.4	135.8	122.7	129.3
Chesapeake	173.7	156.4	150.7	137.7
Chesterfield	107.7	122.0	103.9	109.0
Crater	179.2	163.8	152.1	171.3
Cumberland Plateau	181.3	182.2	179.0	147.3
Eastern Shore	159.8	160.0	151.4	157.1
Fairfax	81.7	84.3	83.2	76.2
Hampton	146.0	157.5	150.1	144.0
Hanover	142.2	146.0	114.7	124.9
Henrico	127.9	125.4	119.0	119.8
Lenowisco	178.1	194.0	151.5	180.5
Lord Fairfax	134.8	147.5	131.4	130.7
Loudoun	121.3	115.5	123.4	130.2
Mount Rogers	157.0	167.2	139.3	151.6
New River	146.2	138.8	137.2	119.1
Norfolk	190.5	179.6	170.6	162.7
Peninsula	143.0	136.1	135.8	141.4
Piedmont	171.9	175.8	181.9	139.8
Pittsylvania/Danville	180.7	183.2	181.6	166.3
Portsmouth	168.9	162.7	163.9	146.4
Prince William	132.9	137.4	145.7	124.8
Rappahannock	138.6	143.4	127.4	152.6
Rappahannock/Rapidan	126.5	108.5	114.3	112.6
Richmond	170.2	151.6	151.4	159.4
Roanoke	177.8	168.1	182.7	158.1
Southside	181.9	194.7	151.7	168.7
Thomas Jefferson	128.2	125.5	126.8	119.5
Three Rivers	131.9	137.4	141.0	124.1
Virginia Beach	118.8	116.0	113.5	108.2
West Piedmont	154.7	151.8	139.7	161.1
Western Tidewater	169.9	160.2	156.5	153.5
Virginia	**137.2**	**135.6**	**128.8**	**126.9**
U.S.	**138.3**	**134.5**	**129.9**	**126.0** **

Virginia 2000 Objective

100 per 100,000

Status

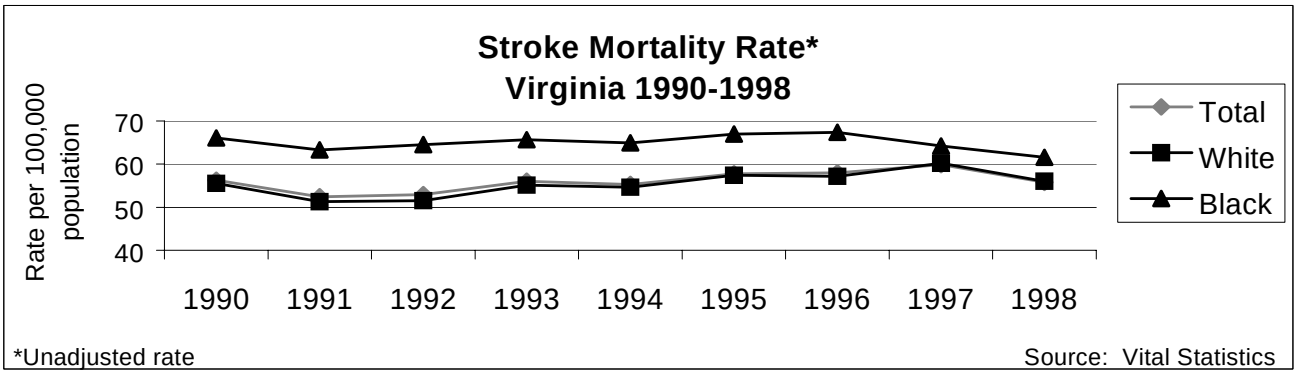
Moving in Right Direction

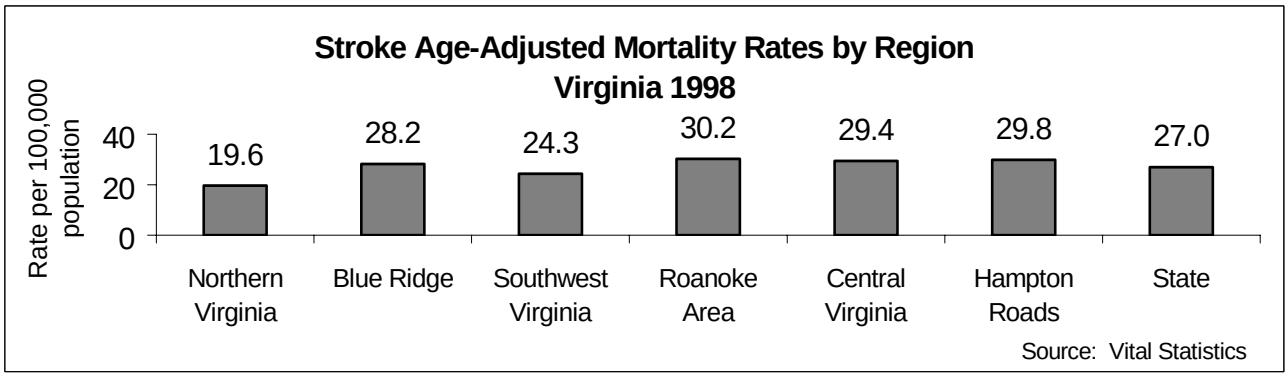
*Rates per 100,000 population
**Based on preliminary data

Stroke Deaths

Objective: *Reduce stroke deaths to no more than 20 per 100,000 people (age-adjusted).*

Stroke is a form of cerebrovascular disease that affects the arteries of the central nervous system. A stroke occurs when the blood vessels that bring oxygen or nutrients to the brain rupture or become clogged by a blood clot or some other obstruction. Deprived of the flow of blood and oxygen that it needs, the affected area of the brain experiences the loss of nerve cells which in turn results in the loss of affected body functions. The prevention and control of risk factors, along with the timely utilization of effective therapies, are keys to the reduction of stroke deaths. High blood pressure is the primary concern, with individuals with this condition having a stroke risk up to seven times greater than those without this problem. Improper diet, smoking, stress, and lack of exercise also contribute to the kind of unhealthy lifestyle that makes a stroke more likely. Unfortunately, as indicated by the data on these pages, Virginia=s stroke mortality rate is still much





higher than the target we've set.

Stroke Age-Adjusted Death Rates*
by Health District, Virginia

Health District	1995	1996	1997	1998
Alexandria	23.2	23.1	22.4	20.3
Alleghany	29.1	27.2	27.5	21.4
Arlington	23.1	19.4	22.4	19.6
Central Shenandoah	27.0	29.3	31.7	29.4
Central Virginia	34.5	35.7	30.1	39.3
Chesapeake	35.4	30.4	26.1	28.9
Chesterfield	28.5	25.9	22.1	26.2
Crater	39.5	37.7	43.6	32.9
Cumberland Plateau	23.8	24.9	27.6	23.3
Eastern Shore	40.4	33.1	34.5	30.6
Fairfax	19.8	19.8	21.5	16.7
Hampton	30.2	32.4	30.3	30.6
Hanover	36.4	31.0	31.1	24.0
Henrico	30.5	28.2	26.8	22.7
Lenowisco	20.9	28.4	30.1	21.3
Lord Fairfax	30.2	27.5	21.0	30.0
Loudoun	25.4	17.4	32.9	34.4
Mount Rogers	29.6	28.6	30.6	27.3
New River	29.8	22.0	27.9	21.6
Norfolk	39.0	37.9	35.0	36.9
Peninsula	30.6	28.9	32.0	26.4
Piedmont	30.9	36.5	37.7	35.2
Pittsylvania/Danville	35.7	34.4	30.1	34.1
Portsmouth	43.5	43.0	46.4	39.6
Prince William	30.7	28.7	28.5	26.8
Rappahannock	26.8	22.9	29.7	20.5
Rappahannock/Rapidan	30.7	28.6	28.4	24.5
Richmond	30.5	37.9	38.3	37.3
Roanoke	38.7	34.4	44.4	33.4
Southside	44.0	54.6	45.4	45.9
Thomas Jefferson	32.2	32.9	31.6	27.3
Three Rivers	29.9	26.7	29.7	30.1
Virginia Beach	27.0	27.6	31.0	26.7
West Piedmont	23.8	31.9	31.9	30.9
Western Tidewater	35.0	36.0	38.1	32.2
Virginia	**29.4**	**28.9**	**29.6**	**27.0**
U.S.	**26.7**	**26.4**	**25.9**	**25.0** **

Virginia 2000 Objective

20 per 100,000

Status

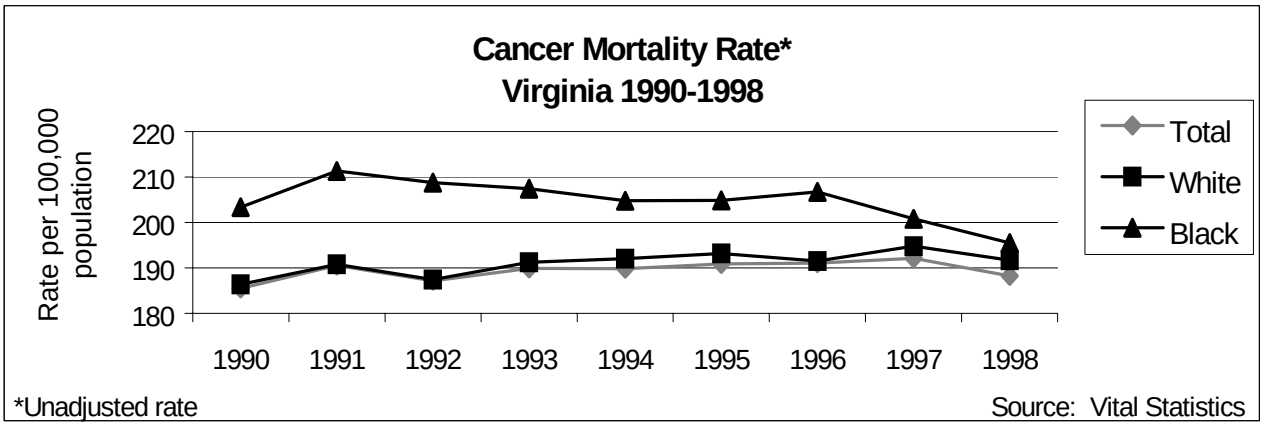
Moving in Right Direction

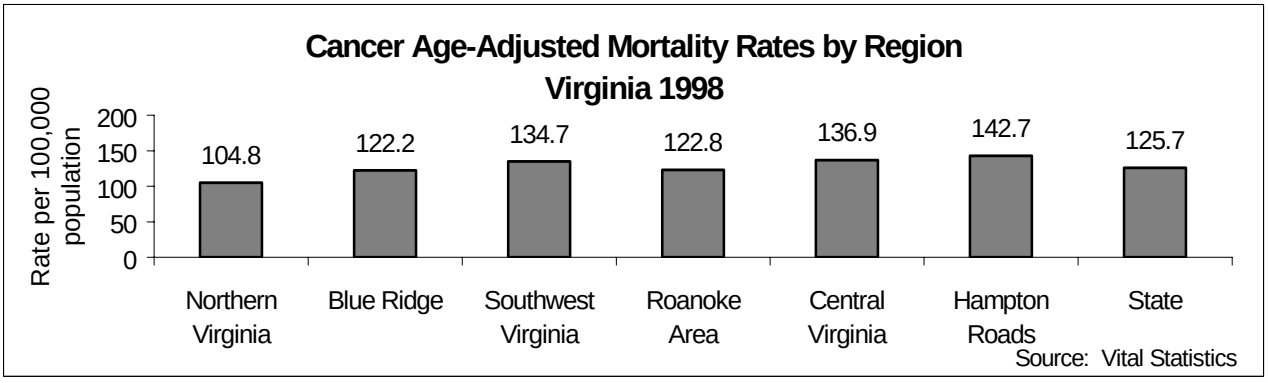
*Rates per 100,000 population
**Based on preliminary data

Cancer Deaths

Objective: *Achieve a cancer death rate (age-adjusted) of no more than 130 per 100,000 people.*

Cancer, the second leading cause of death in Virginia and the United States, remains a major health problem. It is not a single disease, but a constellation of more than 100 different diseases that are characterized by the uncontrolled growth and spread of abnormal cells. Although it may strike at any age, persons age 65 and older bear the major burden of most malignancies. The encouraging news is that the Virginia 2000 objective for cancer mortality has been met two years ahead of schedule; however, more than half of the health districts still had rates above the desired level in 1998. Research indicates that lifestyle, selected occupational exposures, and genetic factors, individually or in combination, can increase a person=s risk of developing cancer. However, many cancers can be prevented through smoking cessation and improved dietary habits; or if detected and treated at early stages, cured.





Cancer Age-Adjusted Death Rates*
by Health District, Virginia

Health District	1995	1996	1997	1998	
Alexandria	117.4	115.2	115.0	101.2	
Alleghany	135.0	113.8	104.4	106.5	
Arlington	109.1	108.4	102.6	86.5	
Central Shenandoah	121.7	115.0	128.1	137.7	
Central Virginia	135.8	131.5	120.1	124.1	
Chesapeake	151.0	132.7	141.7	153.9	
Chesterfield	121.1	117.6	136.4	112.7	
Crater	159.1	177.1	158.5	165.7	
Cumberland Plateau	129.7	135.8	153.2	128.8	
Eastern Shore	176.5	175.2	152.6	137.6	
Fairfax	103.3	104.1	97.4	92.5	
Hampton	161.5	142.7	141.3	142.7	
Hanover	135.4	125.0	116.8	129.2	
Henrico	132.1	119.5	133.0	127.2	
Lenowisco	150.8	160.9	137.7	147.5	
Lord Fairfax	134.6	133.5	131.6	123.1	
Loudoun	126.8	152.5	135.3	154.2	
Mount Rogers	132.5	141.7	130.6	126.7	
New River	109.3	120.4	122.1	117.5	
Norfolk	165.4	169.2	165.0	159.7	
Peninsula	138.9	153.1	146.4	144.9	
Piedmont	151.3	150.6	128.9	159.7	
Pittsylvania/Danville	156.9	128.9	141.5	121.8	
Portsmouth	169.7	148.0	174.1	153.7	
Prince William	147.2	136.5	136.9	142.3	
Rappahannock	139.2	159.5	166.8	140.0	
Rappahannock/Rapidan	121.3	134.3	119.4	119.5	
Richmond	162.7	165.2	168.3	152.0	
Roanoke	160.3	151.4	153.7	156.2	
Southside	143.1	162.0	129.6	142.0	
Thomas Jefferson	128.5	124.9	132.1	116.8	
Three Rivers	158.6	155.9	146.5	144.2	
Virginia Beach	123.6	126.7	119.2	127.7	
West Piedmont	125.5	117.2	141.0	114.0	
Western Tidewater	153.1	138.1	142.1	150.9	
Virginia	**132.7**	**131.6**	**130.1**	**125.7**	
U.S.	**130.0**	**127.9**	**125.6**	**122.9**	**

Virginia 2000 Objective

130 per 100,000

Status

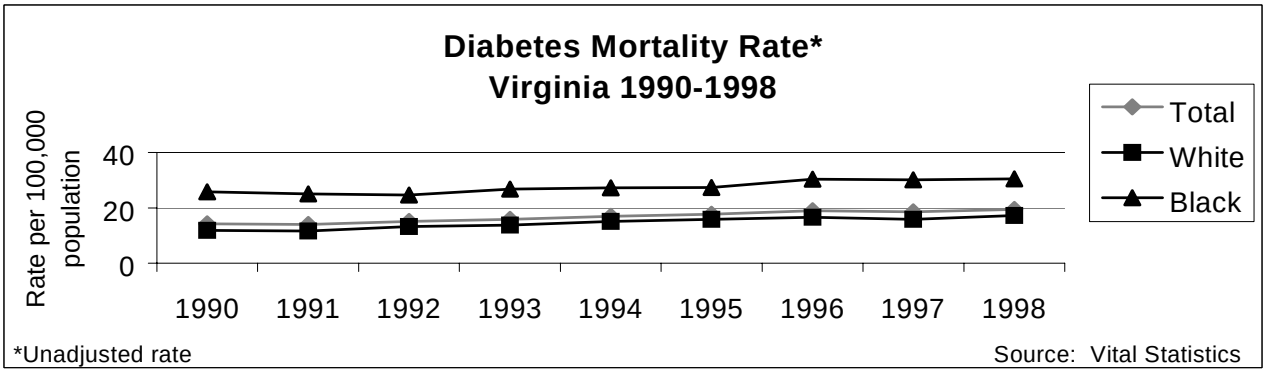
Attained

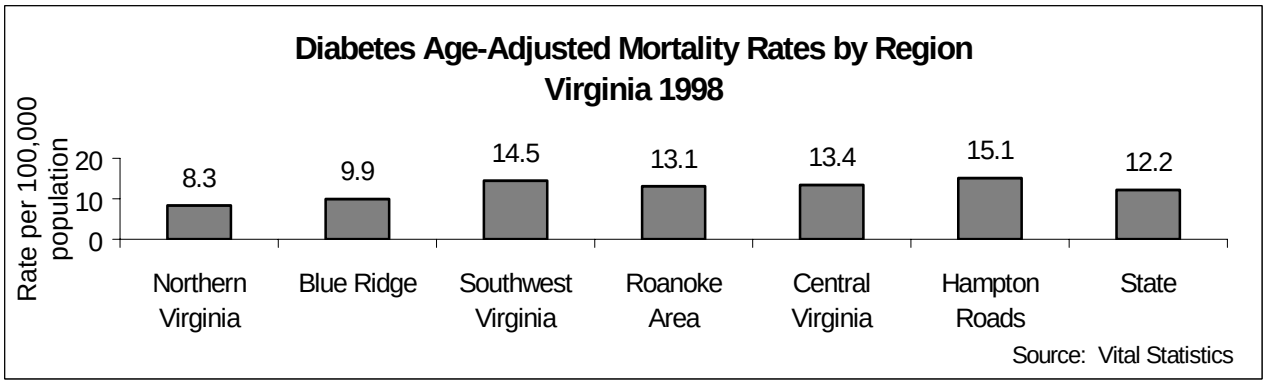
*Rates per 100,000 population
**Based on preliminary data

Diabetes Deaths

Objective: *Reduce deaths due to diabetes as the underlying cause to no more than 11 per 100,000 people (age-adjusted).*

Diabetes Mellitus (sugar diabetes) is a chronic, progressive and incurable disease that was the underlying cause of death in 1998 for 1,313 people in Virginia. It presents itself as a metabolic disorder that is characterized by high blood glucose levels occasioned by a deficiency in insulin production and/or impairment of insulin action. Although the cause of diabetes is still unknown, research tells us that genetic and lifestyle factors, either singularly or combined, increase an individual=s risk for developing the disease, with blacks being particularly susceptible. Persons with diabetes are frequently beset with a range of acute complications that may include cardiovascular disease, blindness, neuropathy, lower extremity amputation, and end stage renal disease, which in turn contribute to shorter life expectancies. Efforts to reduce overweight and obesity are especially important in combating this disease.





Diabetes Mellitus Age-Adjusted Death Rates*
by Health District, Virginia

Health District	1995	1996	1997	1998
Alexandria	12.9	10.1	11.0	9.2
Alleghany	11.6	9.6	12.7	9.7
Arlington	6.9	5.4	5.5	6.3
Central Shenandoah	10.0	9.7	10.9	8.7
Central Virginia	13.5	11.1	10.8	12.1
Chesapeake	11.4	18.3	11.2	16.1
Chesterfield	8.0	12.6	9.5	11.3
Crater	13.7	24.4	12.9	14.6
Cumberland Plateau	14.4	11.6	12.2	12.9
Eastern Shore	19.7	14.9	17.8	15.3
Fairfax	7.3	5.3	7.6	7.5
Hampton	11.8	11.7	10.0	10.4
Hanover	11.9	12.8	11.4	7.7
Henrico	12.5	13.7	13.8	9.9
Lenowisco	13.0	14.9	16.1	16.7
Lord Fairfax	10.4	9.3	9.8	9.6
Loudoun	16.4	12.2	9.2	7.1
Mount Rogers	11.9	15.9	12.2	13.6
New River	11.4	12.7	7.9	9.3
Norfolk	16.8	20.8	21.2	22.6
Peninsula	11.9	11.8	10.0	15.4
Piedmont	13.4	19.3	14.9	22.3
Pittsylvania/Danville	13.3	6.9	18.7	16.7
Portsmouth	15.8	16.5	27.5	19.4
Prince William	16.6	18.6	17.1	13.6
Rappahannock	12.1	9.0	14.5	13.9
Rappahannock/Rapidan	16.3	15.9	14.7	9.8
Richmond	17.1	18.8	19.4	17.0
Roanoke	19.0	13.6	15.4	21.5
Southside	13.2	13.5	15.1	14.9
Thomas Jefferson	13.0	14.6	14.2	12.9
Three Rivers	8.6	11.0	7.5	11.3
Virginia Beach	11.6	16.7	8.4	11.5
West Piedmont	13.8	14.5	11.6	14.6
Western Tidewater	15.6	24.9	10.5	18.9
Virginia	**11.7**	**12.6**	**11.9**	**12.2**
U.S.	**13.3**	**13.6**	**13.4**	**13.6** **

Virginia 2000 Objective

11 per 100,000

Status

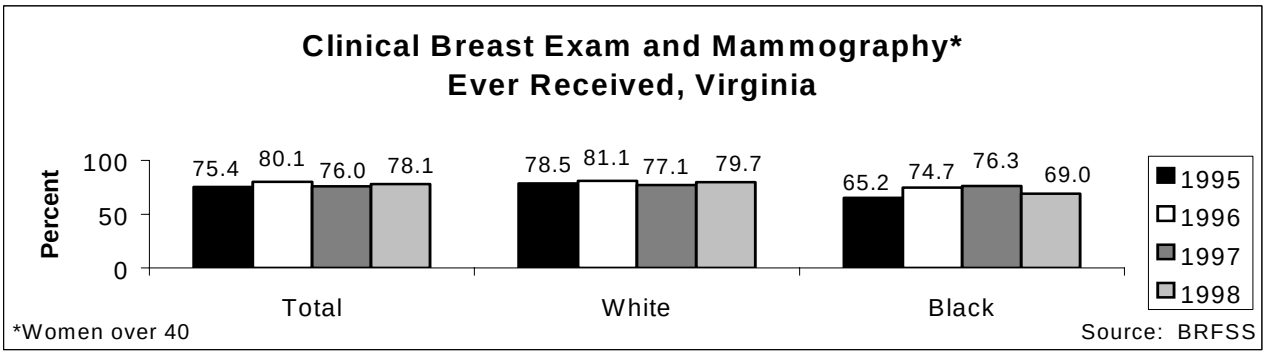
No Significant Change

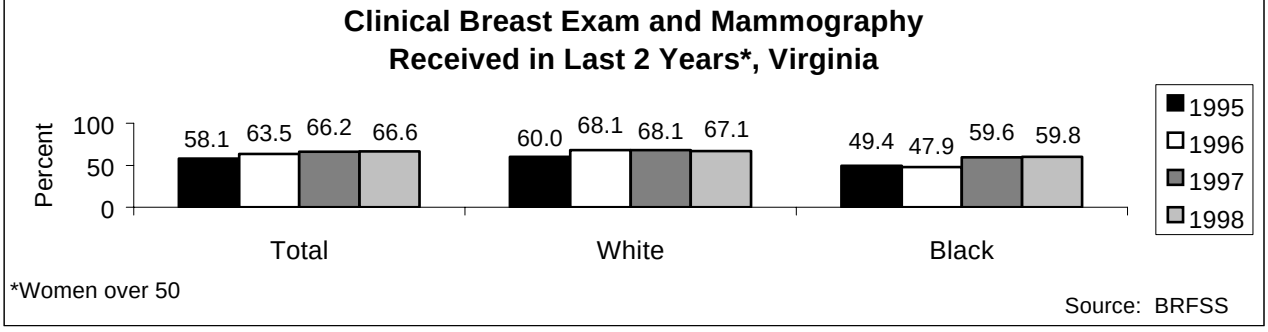
*Rates per 100,000 population
**Based on preliminary data

Clinical Breast Examinations and Mammography

Objective: *Increase to at least 80% the proportion of women aged 40 and older who have ever received a clinical breast examination and a mammogram, and to at least 60% those aged 50 and older who have received them within the preceding one to two years.*

Breast cancer is the most common cancer among women in the United States, with a probability that approximately one woman in every eight will be victimized by it during her lifetime. Although about one-sixth of all cancer deaths among women are attributable to this disease, mortality from breast cancer can be substantially reduced if the tumor is discovered early. Mammography and clinical breast examinations are the most effective methods for detecting these early malignancies, with approximately 30% of breast cancer deaths in women age 50-69 being preventable if there is compliance with screening recommendations. Breast cancer mortality may also be reduced among women aged 40 through 49 who receive these examinations, but the magnitude of the benefit is not as great. As the data on these pages indicate, Virginia=s record pertaining to the stated objectives is relatively good, but in some health districts the desired level of improvement has not been realized.





Percent of Women* Who Have Ever Received a Clinical Breast Exam And Mammography, by Health District, Virginia

Health District	1997	1998
Alexandria	85.6	83.5
Alleghany	81.4	75.2
Arlington	73.3	65.2
Central Shenandoah	86.7	75.4
Central Virginia	58.9	58.6
Chesapeake	74.5	83.3
Chesterfield	86.5	78.2
Crater	79.4	73.5
Cumberland Plateau	71.7	72.7
Eastern Shore	82.4	77.2
Fairfax	73.1	94.2
Hampton	66.4	84.4
Hanover	90.5	90.0
Henrico	87.6	90.6
Lenowisco	65.5	62.8
Lord Fairfax	72.0	72.1
Loudoun	83.9	69.5
Mount Rogers	71.9	53.4
New River	73.4	74.9
Norfolk	77.5	75.2
Peninsula	81.8	80.8
Piedmont	64.3	77.3
Pittsylvania/Danville	68.0	62.9
Portsmouth	80.6	74.4
Prince William	82.7	80.5
Rappahannock	63.7	84.9
Rappahannock/Rapidan	80.8	68.0
Richmond	69.4	73.5
Roanoke	67.8	79.3
Southside	73.3	78.4
Thomas Jefferson	83.6	78.8
Three Rivers	81.1	82.0
Virginia Beach	76.2	83.3
West Piedmont	69.4	73.0
Western Tidewater	80.8	80.7
Virginia	**76.0**	**78.1**

Virginia 2000 Objective

80%

Status

Moving in Right Direction

Percent of Women* Who Have Received a Clinical Breast Exam and Mammography Within the Last Two Years, by Health District, Virginia

Health District	1997	1998
Alexandria	50.0	84.1
Alleghany	82.0	72.1
Arlington	63.0	68.5
Central Shenandoah	76.4	66.9
Central Virginia	49.0	56.4
Chesapeake	67.0	73.4
Chesterfield	86.8	68.4
Crater	69.8	76.8
Cumberland Plateau	74.4	47.6
Eastern Shore	73.7	70.5
Fairfax	88.0	75.3
Hampton	57.3	65.7
Hanover	90.9	75.7
Henrico	48.5	81.5
Lenowisco	69.7	48.4
Lord Fairfax	55.5	54.5
Loudoun	76.3	95.7
Mount Rogers	63.1	40.3
New River	59.4	38.7
Norfolk	70.1	61.9
Peninsula	49.7	78.2
Piedmont	63.9	65.7
Pittsylvania/Danville	61.1	46.7
Portsmouth	56.9	63.9
Prince William	61.1	33.3
Rappahannock	71.5	82.8
Rappahannock/Rapidan	71.6	46.8
Richmond	45.9	58.7
Roanoke	56.1	57.8
Southside	55.3	76.3
Thomas Jefferson	84.6	64.2
Three Rivers	71.6	90.2
Virginia Beach	67.2	77.0
West Piedmont	43.8	64.9
Western Tidewater	59.4	61.7
Virginia	**66.2**	**66.6**

Virginia 2000 Objective

60%

Status

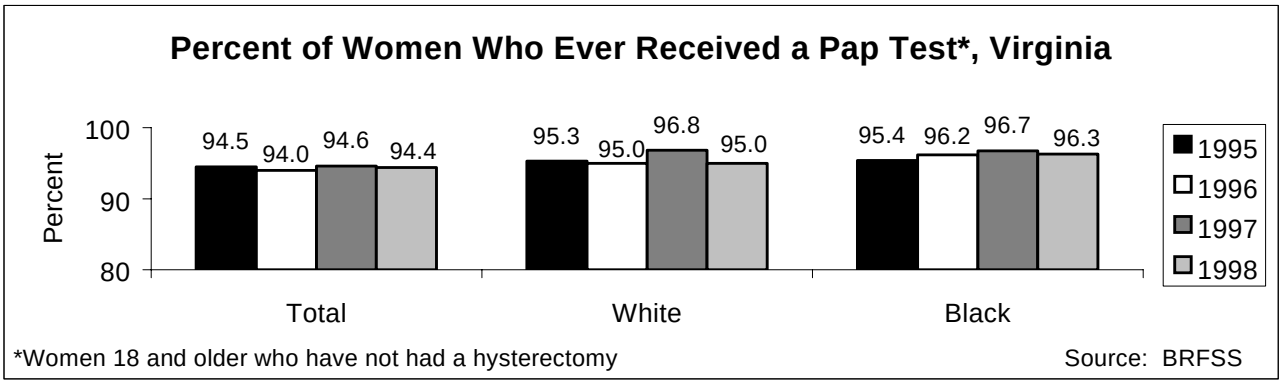
Attained

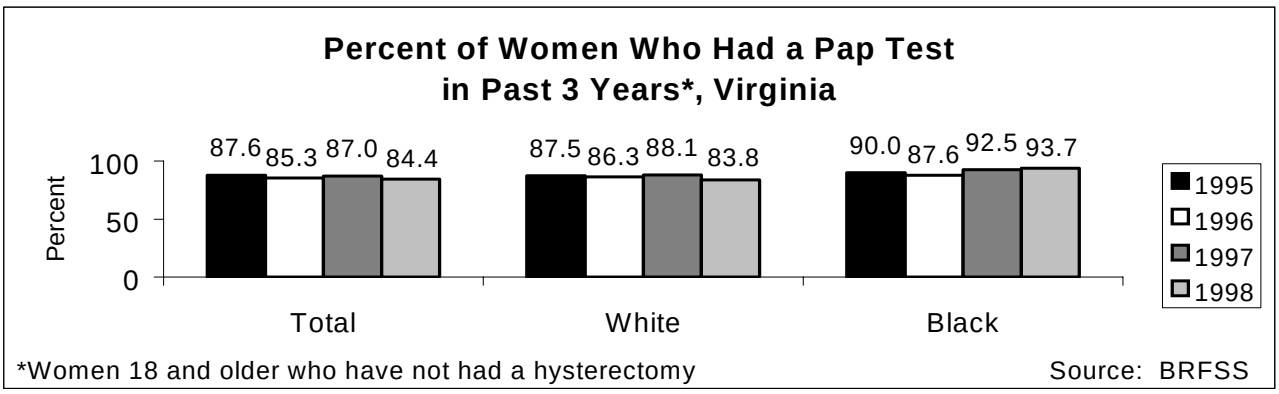
*Women aged 50 and over

Pap Tests

Objective: *Increase to at least 95% the proportion of women aged 18 and older who have ever received a Pap test and to at least 85% those who have received a Pap test in the preceding three years.*

Widespread use of the Pap test to screen for cervical cancer during the past three decades has been credited for as much as a 75% reduction in mortality from the disease. The National Cancer Institute has recommended that all women who are or have been sexually active, or who have reached 18 years of age, have an annual Pap test and pelvic examination. After a woman has had three or more consecutive satisfactory normal examinations, the Pap test may be performed less frequently at the discretion of her physician. Low income, limited education, rural environs, and advancing age are all associated with a decreased likelihood of receiving Pap tests. While the data for Virginia indicate that significant advances have been achieved in this realm, it appears that the progress has now reached a plateau. Extra effort will be required to ensure that we do not regress rather than move ahead at this important juncture.





Percent of Women* Who Have Ever Received a Pap Test by Health District, Virginia

Health District	1997	1998
Alexandria	96.8	85.8
Alleghany	98.7	83.5
Arlington	96.9	94.2
Central Shenandoah	90.7	90.3
Central Virginia	97.7	92.4
Chesapeake	100.0	90.6
Chesterfield	96.2	96.2
Crater	100.0	90.5
Cumberland Plateau	100.0	97.1
Eastern Shore	97.6	100.0
Fairfax	82.7	96.1
Hampton	88.9	97.3
Hanover	100.0	96.1
Henrico	99.1	100.0
Lenowisco	96.0	97.7
Lord Fairfax	98.3	100.0
Loudoun	92.2	98.4
Mount Rogers	100.0	94.2
New River	92.1	91.1
Norfolk	97.5	92.2
Peninsula	98.0	94.8
Piedmont	97.7	98.2
Pittsylvania/Danville	95.0	83.2
Portsmouth	98.0	88.9
Prince William	98.6	91.7
Rappahannock	96.3	95.2
Rappahannock/Rapidan	96.0	96.3
Richmond	97.9	94.9
Roanoke	98.5	90.0
Southside	100.0	90.9
Thomas Jefferson	97.4	89.9
Three Rivers	100.0	100.0
Virginia Beach	94.8	100.0
West Piedmont	93.0	91.7
Western Tidewater	94.8	97.0
Virginia	**94.6**	**94.4**

Virginia 2000 Objective

95%

Status

No Significant Change

*Women 18 and older who have not had a hysterectomy

Percent of Women* Who Have Received a Pap Test Within 3 Years, by Health District, Virginia

Health District	1997	1998
Alexandria	90.2	82.5
Alleghany	96.0	71.3
Arlington	87.8	83.4
Central Shenandoah	88.0	82.2
Central Virginia	81.9	84.0
Chesapeake	89.8	79.0
Chesterfield	90.7	84.9
Crater	96.0	83.4
Cumberland Plateau	95.3	83.6
Eastern Shore	90.6	85.2
Fairfax	82.7	85.4
Hampton	86.4	92.0
Hanover	94.6	90.0
Henrico	88.5	97.6
Lenowisco	80.2	71.1
Lord Fairfax	73.9	80.6
Loudoun	80.9	95.5
Mount Rogers	88.7	65.2
New River	88.4	78.0
Norfolk	88.0	85.8
Peninsula	95.0	90.9
Piedmont	97.7	90.9
Pittsylvania/Danville	80.0	67.3
Portsmouth	94.3	88.9
Prince William	86.9	85.1
Rappahannock	82.6	79.9
Rappahannock/Rapidan	83.4	81.5
Richmond	93.8	92.6
Roanoke	82.5	75.1
Southside	90.7	82.0
Thomas Jefferson	90.3	77.3
Three Rivers	88.3	79.7
Virginia Beach	87.8	93.2
West Piedmont	86.5	83.5
Western Tidewater	83.4	89.8
Virginia	**87.0**	**84.4**

Virginia 2000 Objective

85%

Status

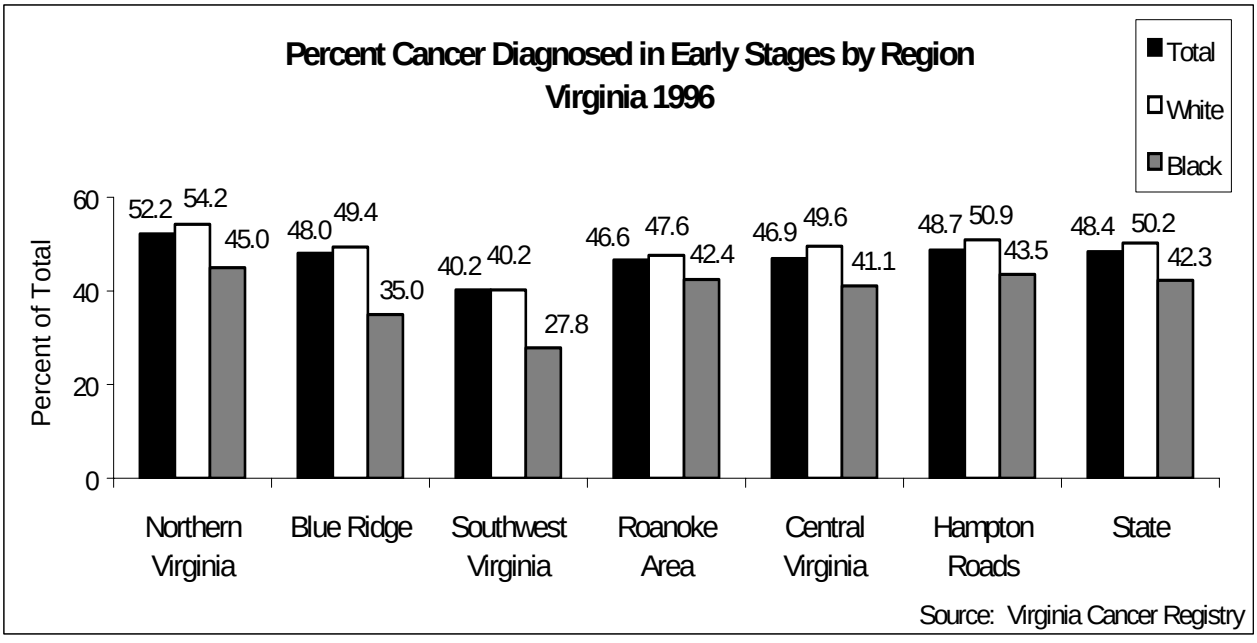
Moving in Wrong Direction

*Women 18 and older who have not had a hysterectomy

Stage of Cancer at Diagnosis

Objective: *Increase the percent of all cancer that is diagnosed in the early stages to at least 57%.*

Studies have demonstrated that the potential for reducing cancer incidence and mortality through prevention and early detection is significant. The percentage of cancers which are first detected in the early stages serves as an indicator of the extent to which effective screening efforts are being used. At the time of initial diagnosis, cancer is considered in the early stages of development if it has not spread beyond its organ of origin. Staging information helps guide treatment selection and planning by relating an individual patient=s prognosis to the outcomes experienced by previous patients with similar situations. Generally, treatment of early stage cancers results in the most favorable outcomes, hence minimal delay in determining the presence of the disease is key. However, since an early stage cancer often causes no symptoms, its detection is almost always through some kind of screening effort such as self-examination (e.g., breast) or clinical screening (e.g., mammography). As the data on the next page indicate, the State failed to make any progress toward its objective over the five year period shown, with less than half of all cancers diagnosed at an early stage. It will take a renewed emphasis on the importance of screening initiatives throughout Virginia to turn this situation around.



Percent Cancer Diagnosed Early by Health District, Virginia

Health District	1992	1993	1994	1995	1996
Alexandria	55.5	49.9	57.3	47.2	49.5
Alleghany	48.9	47.9	47.7	49.1	47.7
Arlington	51.5	53.5	51.7	51.6	51.1
Central Shenandoah	43.6	48.7	47.0	48.7	48.3
Central Virginia	45.1	43.1	45.1	46.8	41.8
Chesapeake	49.4	48.9	48.6	51.6	50.7
Chesterfield	54.3	53.9	53.8	54.2	49.5
Crater	41.7	47.7	43.7	47.0	42.3
Cumberland Plateau	47.2	39.7	40.9	44.1	43.5
Eastern Shore	33.3	36.0	40.4	35.8	43.6
Fairfax	55.2	52.0	53.5	52.6	54.0
Hampton	48.7	45.4	52.8	51.8	52.3
Hanover	49.7	46.5	48.9	51.8	51.5
Henrico	52.9	50.6	50.3	51.9	53.8
Lenowisco	51.0	42.5	33.6	34.9	37.9
Lord Fairfax	42.3	45.6	44.9	46.1	46.2
Loudoun	56.0	53.9	47.6	53.0	49.0
Mount Rogers	48.3	37.3	42.0	41.1	39.4
New River	49.0	37.4	39.1	41.8	42.0
Norfolk	50.7	47.2	47.2	48.3	48.7
Peninsula	49.1	48.2	49.1	49.2	49.0
Piedmont	50.5	41.1	42.7	40.9	38.0
Pittsylvania/Danville	47.0	49.4	51.3	54.6	54.3
Portsmouth	51.4	49.0	50.1	49.5	51.5
Prince William	55.6	51.4	47.1	47.9	49.6
Rappahannock	53.6	52.8	46.1	48.1	49.3
Rappahannock/Rapidan	43.3	44.2	45.8	44.6	44.6
Richmond	44.3	45.6	44.2	42.1	44.3
Roanoke	47.3	42.5	48.7	44.9	47.1
Southside	41.0	50.1	45.0	41.3	42.9
Thomas Jefferson	52.9	53.1	52.6	53.2	50.4
Three Rivers	44.6	42.1	43.2	43.1	42.0
Virginia Beach	54.5	51.8	50.1	53.5	50.8
West Piedmont	54.6	49.5	53.5	50.6	51.3
Western Tidewater	40.2	41.7	43.5	46.5	43.6
Virginia	**49.6**	**48.0**	**48.3**	**48.7**	**48.4**

Virginia 2000 Objective

57%

Status

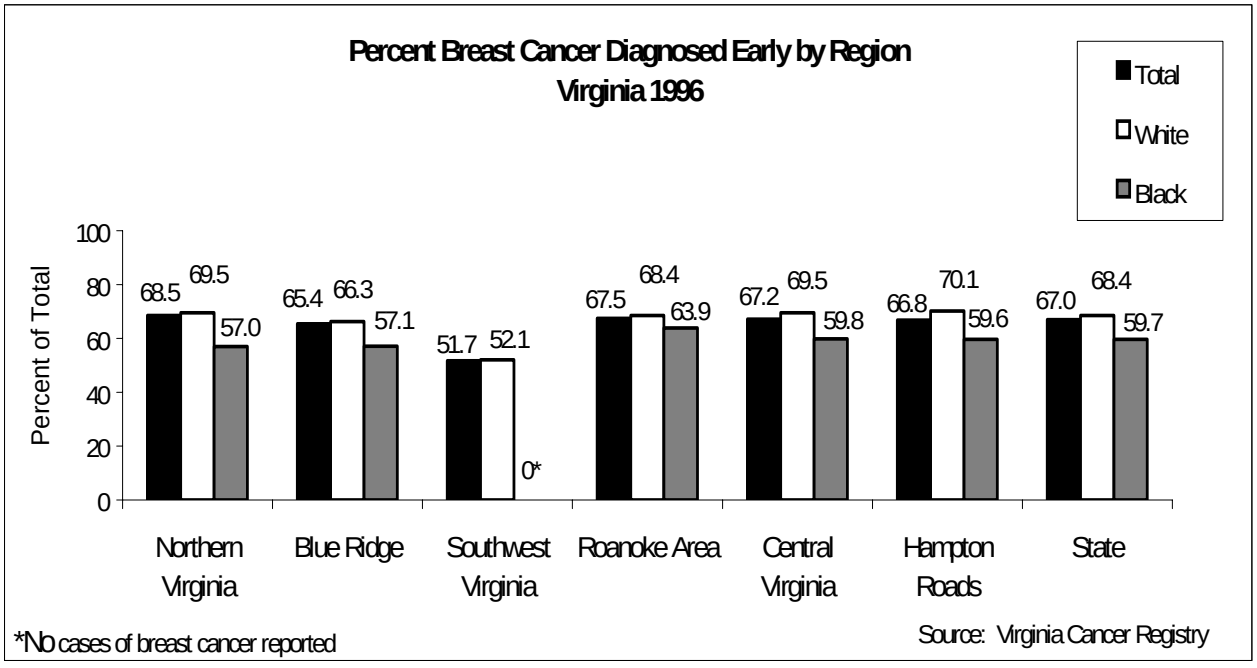
No Significant Change

Stage of Breast Cancer at Diagnosis

Objective: *Increase the percent of breast cancer that is diagnosed in the early stages to at least 73%.*

Although there is still no known way to prevent breast cancer, early detection could save the lives of thousands of women in Virginia. There are three essential screening methods recommended as the most effective means for identifying the problem in its formative stages. Regular mammograms (the taking of an x-ray picture of the breast) for women age fifty and older are critical, for a review of research data shows that
75-80% of the incidence and mortality associated with breast cancer occurs among women in this age group. Clinical breast examinations are also a key component of the screening process, as about 10% of palpable breast cancers are not visible on mammograms. Self breast examinations for women starting at age eighteen are an important part of the diagnostic process too. The data on these pages reflect a gradual upswing in the percentage of breast cancer cases diagnosed early for the State as a whole, with two-thirds of the cases in 1996 falling into this category. Even so, the percentage for African-American women continued to fall short of that recorded for their white peers. A review of the figures for the health districts also indicates sig rtunately, an excessive nun ater stage.

Percent Breast Cancer Diagnosed Early by Health District, Virginia



Health District	1992	1993	1994	1995	1996
Alexandria	65.3	69.7	79.3	78.6	71.6
Alleghany	68.9	70.5	64.4	70.5	65.7
Arlington	73.5	71.7	63.6	78.4	70.9
Central Shenandoah	64.8	70.3	67.9	70.5	70.4
Central Virginia	67.6	61.2	59.7	73.1	65.8
Chesapeake	63.9	72.7	69.5	65.6	60.9
Chesterfield	70.3	75.1	65.0	74.1	74.4
Crater	60.6	57.3	65.6	62.7	58.9
Cumberland Plateau	58.3	51.0	50.8	63.2	55.6
Eastern Shore	45.5	58.3	62.0	38.7	73.8
Fairfax	67.6	69.3	69.4	67.8	70.6
Hampton	63.5	66.7	68.5	68.2	68.4
Hanover	66.2	53.7	63.4	78.4	64.1
Henrico	65.1	73.5	78.6	70.5	78.0
Lenowisco	65.4	33.3	41.2	25.0	37.5
Lord Fairfax	64.2	62.9	58.4	65.8	60.7
Loudoun	75.0	66.7	57.9	67.3	65.4
Mount Rogers	66.9	51.8	63.2	60.5	54.8
New River	49.3	58.2	56.8	51.7	55.4
Norfolk	63.4	62.9	65.3	68.4	68.7
Peninsula	67.0	67.2	68.5	71.0	69.2
Piedmont	58.5	63.4	54.4	52.7	61.2
Pittsylvania/Danville	58.4	65.0	67.0	64.6	73.9
Portsmouth	66.3	62.3	75.8	61.4	74.4
Prince William	66.3	70.7	63.7	70.1	60.3
Rappahannock	69.4	66.7	64.4	64.3	58.6
Rappahannock/Rapidan	61.7	61.4	72.7	56.0	54.3
Richmond	59.8	65.8	64.7	62.3	66.4
Roanoke	72.7	60.8	67.9	69.6	75.4
Southside	47.2	65.2	61.3	40.0	56.1
Thomas Jefferson	70.4	72.3	69.4	78.7	69.3
Three Rivers	66.7	48.9	57.0	64.6	59.8
Virginia Beach	66.3	74.7	63.2	63.8	68.8
West Piedmont	72.0	59.5	70.4	67.9	67.2
Western Tidewater	63.1	48.7	58.7	60.8	56.1
Virginia	**65.4**	**65.9**	**66.0**	**66.9**	**67.0**

Virginia 2000 Objective

73%

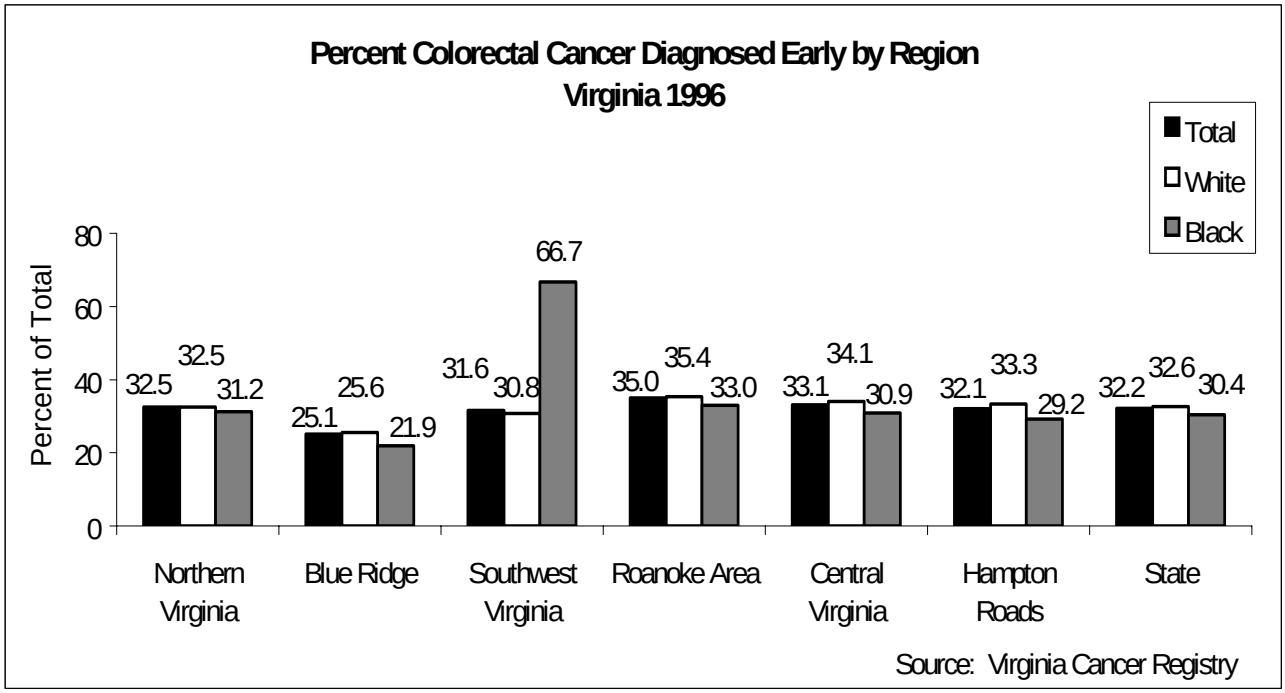
Status

Moving in Right Direction

Stage of Colorectal Cancer at Diagnosis

Objective: *Increase the percent of colorectal cancer that is diagnosed in the early stage to at least 40%.*

Colorectal cancer refers to cancers of the colon and rectum collectively and is one of the leading causes of cancer mortality, accounting for an estimated 54,900 deaths in the nation in 1998. Surviving colorectal cancer is dependent on how advanced the cancer is at the time of diagnosis. If discovered in a localized stage, it can be treated with a high degree of success and the resulting five year survival rate is 91%. Unfortunately, the data showing the percent of those in Virginia with colorectal cancer who are diagnosed early are not encouraging and for the most part demonstrate an Aup one year, down the next≅ pattern. People most at risk for colorectal cancer are age forty or older, have a genetic inheritance of bowel diseases, or have a family history of colorectal cancer. Screening for the disease entails digital rectal examinations, fiberoptic inspection of the rectum and lower colon, and chemical examination of the stool for hidden blood. Regular exercise and a low fat diet with five or more servings a day of fruit and vegetables may reduce an individual=s likelihood of developing this disease.



Percent Colorectal Cancer Diagnosed Early by Health District, Virginia

Health District	1992	1993	1994	1995	1996
Alexandria	40.4	46.8	40.4	32.7	38.5
Alleghany	31.0	36.9	33.0	39.4	39.8
Arlington	31.5	30.5	37.7	29.4	33.8
Central Shenandoah	30.5	32.7	36.7	27.4	25.2
Central Virginia	27.1	20.7	26.1	21.4	20.0
Chesapeake	33.3	33.3	24.6	34.7	25.9
Chesterfield	44.0	32.4	46.5	42.0	39.3
Crater	30.4	34.7	34.3	27.2	40.4
Cumberland Plateau	36.4	21.1	36.8	27.1	38.6
Eastern Shore	26.9	21.7	30.0	19.2	44.0
Fairfax	32.6	30.8	35.3	31.8	35.1
Hampton	34.5	22.4	30.0	24.2	30.2
Hanover	29.2	38.5	45.3	34.7	34.5
Henrico	28.0	32.5	33.3	36.1	26.4
Lenowisco	33.3	15.4	5.9	17.6	35.0
Lord Fairfax	32.8	33.7	23.1	31.7	21.6
Loudoun	23.8	26.1	23.5	24.1	25.6
Mount Rogers	35.0	28.2	39.1	31.5	25.6
New River	43.9	31.3	38.6	29.6	34.2
Norfolk	34.1	30.2	36.2	41.1	38.6
Peninsula	40.7	35.2	33.3	29.3	31.1
Piedmont	34.6	20.8	49.2	30.0	29.7
Pittsylvania/Danville	34.0	41.2	43.5	34.5	42.6
Portsmouth	40.6	42.6	35.2	41.4	33.9
Prince William	50.9	32.9	28.4	37.2	24.7
Rappahannock	46.0	39.2	26.6	33.0	26.2
Rappahannock/Rapidan	25.0	23.9	21.7	24.4	24.7
Richmond	26.4	36.4	35.2	40.2	23.1
Roanoke	36.8	33.7	38.4	35.0	39.1
Southside	20.8	28.8	22.8	35.4	40.6
Thomas Jefferson	24.1	22.0	22.2	22.8	31.6
Three Rivers	15.6	30.9	29.9	14.5	32.5
Virginia Beach	37.8	27.4	36.3	41.6	28.7
West Piedmont	50.0	44.9	50.6	46.8	43.1
Western Tidewater	17.9	25.9	29.9	20.3	35.4
Virginia	**33.1**	**31.7**	**34.1**	**32.3**	**32.2**

Virginia 2000 Objective

40%

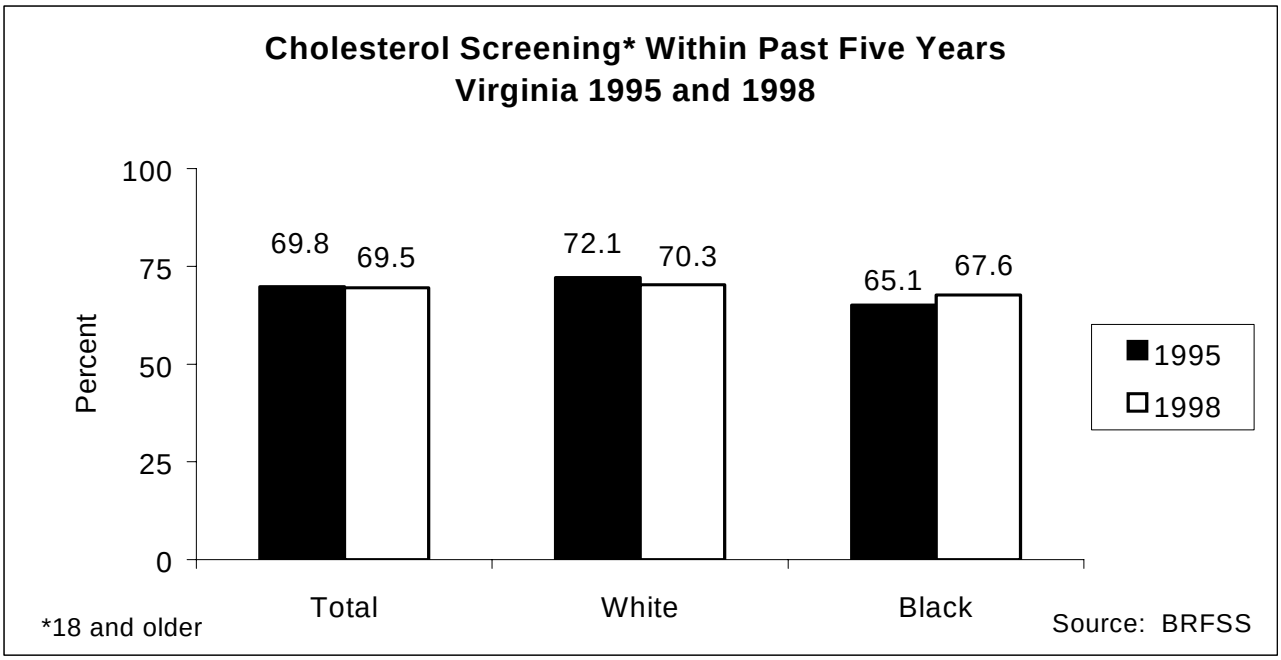
Status

No Significant Change

Cholesterol Screening

Objective: *Increase to at least 75% the proportion of adults who have had their blood cholesterol checked within the preceding five years.*

Cholesterol is a type of fat found in the diet that, as it is carried in the bloodstream in lipoproteins, builds up as thickened patches in blood vessel walls. Cholesterol screening utilizes a blood test, which measures the level of lipoproteins in the blood. The National Heart, Lung, and Blood Institute regards a blood cholesterol level below 200 mg/dl as desirable, since levels above that are associated with increased rates of coronary heart disease. Despite increased publicity about the need for regular screenings, three in every ten adult Virginians have not had their blood cholesterol checked within the past five years to determine their status. In addition to identifying those persons at risk, blood cholesterol measurements also provide an opportunity for the health care professional to recommend those behavioral changes that will help reduce the chances for adverse health outcomes. Lifestyle interventions to prevent or lower high blood cholesterol include eating a diet lower in saturated fat and cholesterol, reducing excess weight, and increasing exercise. For those whose levels remain significantly elevated in spite of such dietary and lifestyle modifications, medications are available. Community initiatives that encourage Virginians to get their cholesterol checked are a key to



good

Percent Having Cholesterol Screening Within Past Five Years by Health District, Virginia

Alexandria	72.7	64.6
Alleghany	74.5	76.5
Arlington	69.4	67.2
Central Shenandoah	71.3	75.0
Central Virginia	62.6	57.0
Chesapeake	70.5	73.5
Chesterfield	63.8	76.2
Crater	68.7	69.4
Cumberland Plateau	73.0	69.1
Eastern Shore	64.4	69.4
Fairfax	79.4	72.1
Hampton	70.9	64.9
Hanover	73.1	75.6
Henrico	68.2	79.5
Lenowisco	58.4	70.7
Lord Fairfax	64.3	71.6
Loudoun	72.0	60.9
Mount Rogers	63.7	57.3
New River	58.1	60.5
Norfolk	66.1	61.4
Peninsula	75.1	67.5
Piedmont	70.0	65.9
Pittsylvania/Danville	60.1	59.5
Portsmouth	66.5	58.9
Prince William	69.5	66.0
Rappahannock	69.5	70.3
Rappahannock/Rapidan	68.8	70.7
Richmond	74.0	71.5
Roanoke	58.1	65.4
Southside	67.4	60.9
Thomas Jefferson	63.7	74.7
Three Rivers	69.0	73.0
Virginia Beach	68.9	75.7
West Piedmont	69.8	67.9
Western Tidewater	72.5	73.9
Virginia	**69.8**	**69.5**

Virginia 2000 Objective

75%

Status

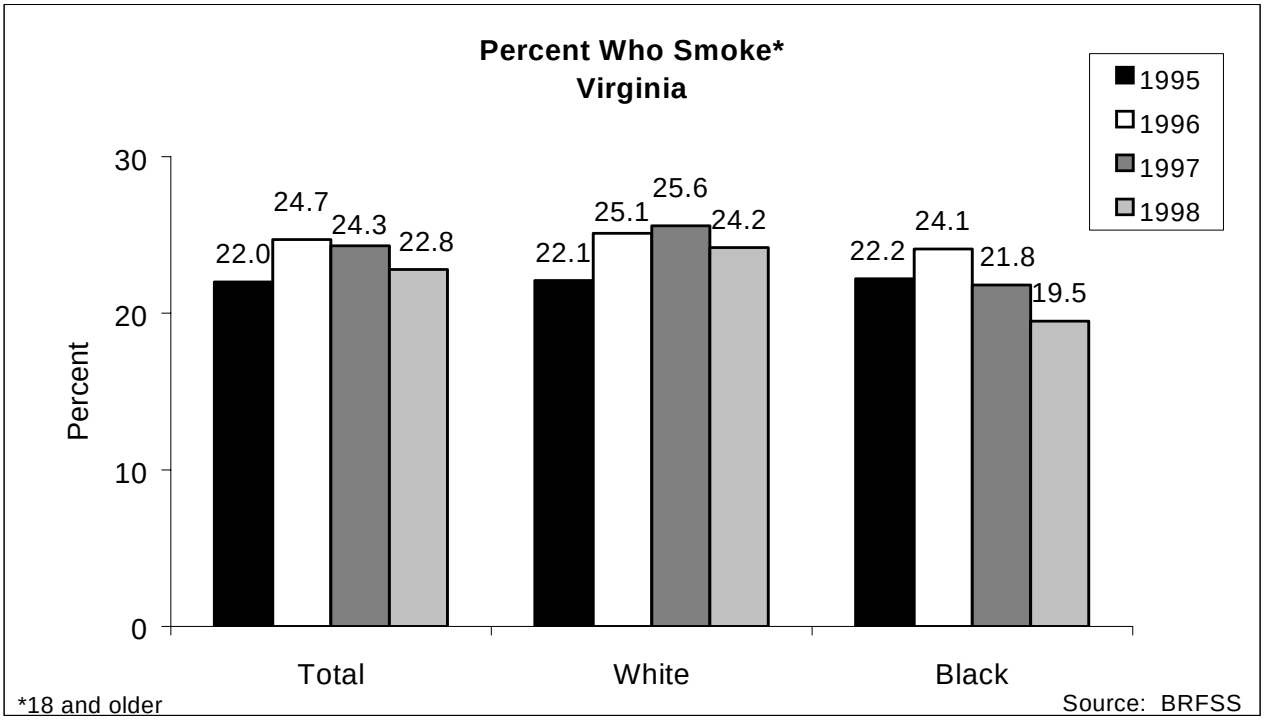
No Significant Change

*Aged 18 and older

Tobacco Use

Objective: *Reduce cigarette smoking to a prevalence of no more than 15% among people aged 18 and older.*

Despite expanding scientific evidence and significant increases in the public=s awareness of the health consequences of tobacco use, nearly one in every four Virginians over age eighteen continued to smoke in 1998. What is particularly alarming about that statistic is that smoking is the principal avoidable risk factor related to major diseases in our society. It is now well documented that smoking cigarettes causes heart disease; cancers of the lung, larynx, esophagus, pharynx, mouth, and bladder; and chronic lung disease. Such tobacco-related diseases result in over 400,000 adult deaths annually in the United States, with direct medical costs attributable to smoking totaling about $50 billion per year. If current tobacco use patterns persist, an estimated five million Americans who were under age eighteen in 1995 will die prematurely from a smoking-related disease. The one bit of encouraging news in Virginia is that the percentage of smokers among African American adults dropped by over two percentage points in 1998 from the preceding year. We must find a way to capitalize on and replicate that success for all the citizens of the Commonwealth.



Percent Who Smoke*
by Health District, Virginia

Health District	1997	1998
Alexandria	12.9	15.9
Alleghany	18.8	23.0
Arlington	20.0	10.3
Central Shenandoah	22.8	26.4
Central Virginia	18.6	31.1
Chesapeake	22.2	20.3
Chesterfield	36.9	19.2
Crater	39.0	35.2
Cumberland Plateau	32.8	26.9
Eastern Shore	15.0	18.9
Fairfax	13.4	13.0
Hampton	18.2	18.3
Hanover	23.4	26.9
Henrico	15.6	18.5
Lenowisco	40.8	32.5
Lord Fairfax	27.4	26.5
Loudoun	18.6	15.1
Mount Rogers	30.2	31.5
New River	25.7	32.4
Norfolk	39.3	27.8
Peninsula	23.1	32.8
Piedmont	32.2	38.4
Pittsylvania/Danville	28.4	34.0
Portsmouth	27.4	21.2
Prince William	20.9	17.0
Rappahannock	29.9	27.2
Rappahannock/Rapidan	29.2	29.3
Richmond	26.0	25.4
Roanoke	28.0	26.8
Southside	28.8	30.6
Thomas Jefferson	21.8	10.3
Three Rivers	31.7	22.2
Virginia Beach	32.7	23.4
West Piedmont	22.6	28.2
Western Tidewater	20.8	18.7
Virginia	**24.3**	**22.8**

*Aged 18 and older

Virginia 2000 Objective

15%

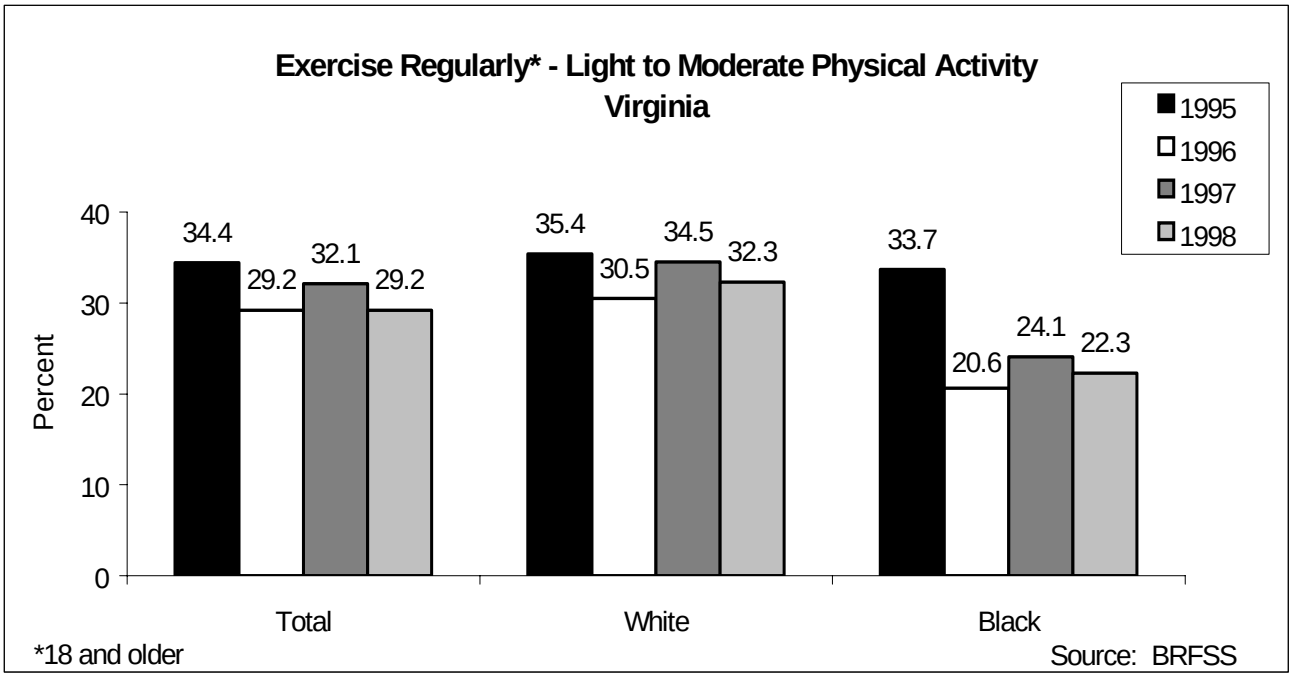
Status

No Significant Change

Physical Activity

Objective: *Increase to at least 40% the proportion of people aged 18 and older who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per session.*

According to many medical experts, there is no drug as useful for sustained health as a lifetime program of physical exercise. Conversely, physical inactivity and a sedentary lifestyle increase the risk of heart disease and stroke, exacerbate high blood pressure and blood cholesterol levels, and contribute to other leading causes of disability and death such as osteoporosis, colon cancer, and non-insulin dependent diabetes. While the expenditure of energy should be habitual, it need not be unduly strenuous. People who engage daily in light to moderate exercise that is equivalent to brisk walking for about thirty minutes can achieve substantial health gains. A growing volume of evidence also suggests that even small increases in light to moderate activity by those who are least active will produce measurable health benefits. The point is that physical activity needs to be encouraged as part of a daily routine. Unfortunately, less than three of ten Virginians surveyed in 1998 indicated that they exercised on a regular basis (at least 3 times a week and at least 20 minutes per session). This response level is more than five percentage points lower than that indicated in the initial version of this report.



Percent of Individuals* Who Exercise Regularly (Light to Moderate Physical Activity) by Health District, Virginia

Health District	1997	1998
Alexandria	28.0	32.8
Alleghany	30.6	25.4
Arlington	23.4	22.4
Central Shenandoah	42.3	23.8
Central Virginia	26.1	30.3
Chesapeake	34.9	33.9
Chesterfield	39.1	35.0
Crater	40.6	39.7
Cumberland Plateau	28.7	30.1
Eastern Shore	32.6	22.1
Fairfax	24.2	33.7
Hampton	28.1	29.6
Hanover	30.6	40.6
Henrico	40.9	24.7
Lenowisco	29.8	25.6
Lord Fairfax	36.3	25.4
Loudoun	37.4	43.0
Mount Rogers	25.9	28.0
New River	36.1	32.0
Norfolk	33.4	26.5
Peninsula	34.8	26.1
Piedmont	25.3	22.9
Pittsylvania/Danville	37.4	27.6
Portsmouth	21.5	27.2
Prince William	27.1	29.6
Rappahannock	34.6	39.7
Rappahannock/Rapidan	38.9	29.9
Richmond	29.4	27.7
Roanoke	30.1	22.7
Southside	39.4	31.0
Thomas Jefferson	33.9	32.1
Three Rivers	34.0	21.6
Virginia Beach	40.2	24.6
West Piedmont	30.3	32.7
Western Tidewater	30.7	16.2
Virginia	**32.1**	**29.2**

Virginia 2000 Objective

40%

Status

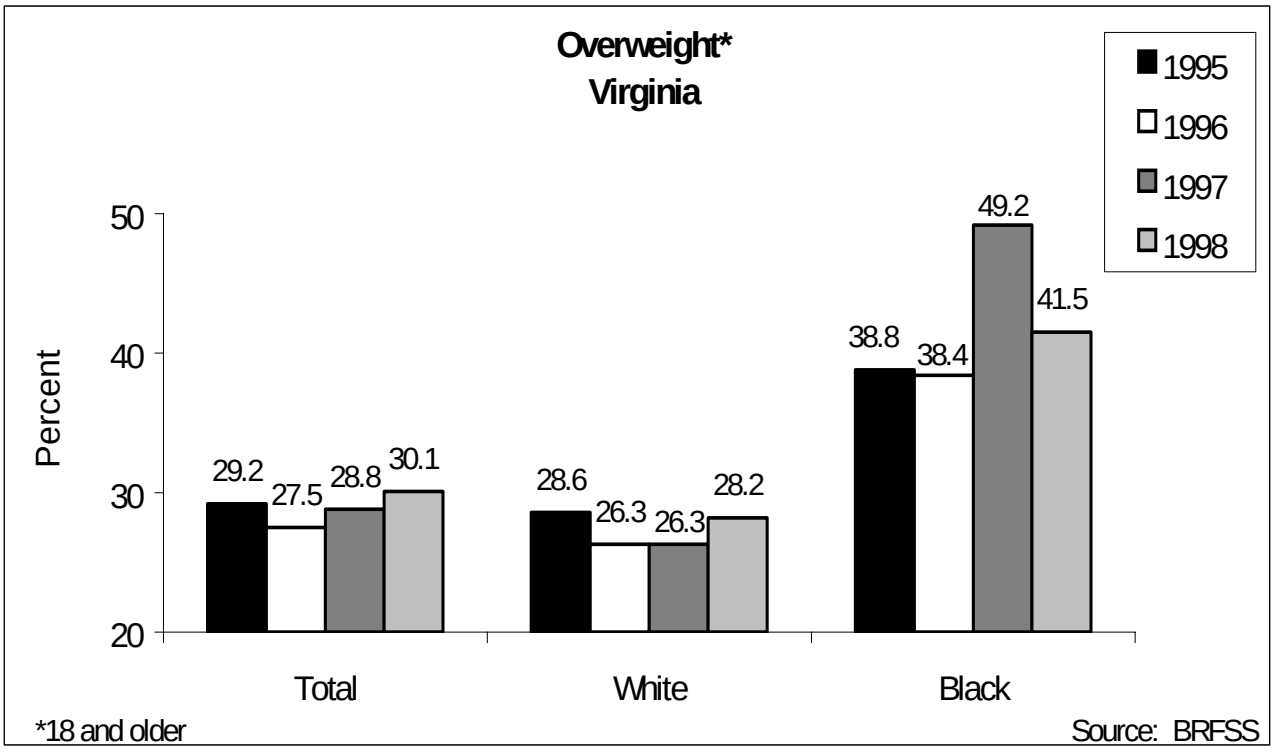
Moving in Wrong Direction

*Aged 18 and older

Overweight

Objective: *Reduce overweight to a prevalence of no more than 20% among people aged 18 and older.*

Overweight has been defined as weight that exceeds the recommended weight for height by 20%. It is a problem that affects a large proportion of the nation's population and the prevalence has not declined among adults for two decades. Particularly alarming is the 1998 statistic indicating that more than four of every ten African Americans in Virginia find themselves in this situation, a figure more than thirteen percentage points higher than the number for their white counterparts. Overweight can be caused by a variety of factors including inherited, metabolic, behavioral, environmental, cultural, and socioeconomic conditions, all of which are interrelated in ways that are not yet fully understood. This may well be why weight management has proven to be difficult for most people, and why short-term weight loss is often followed by the resumption of previous dietary patterns and weight gain. In spite of these limitations, the serious and sometimes life threatening health problems associated with overweight are of considerable public health importance and deserve sustained efforts to resolve them.



Percent Who Are Overweight by Health District, Virginia

Health District	1997	1998
Alexandria	21.1	26.8
Alleghany	32.1	33.9
Arlington	23.3	12.2
Central Shenandoah	29.1	31.4
Central Virginia	38.7	28.4
Chesapeake	28.3	39.0
Chesterfield	33.9	27.3
Crater	35.9	37.7
Cumberland Plateau	31.4	38.8
Eastern Shore	34.1	45.7
Fairfax	16.5	21.6
Hampton	31.4	29.6
Hanover	30.7	24.3
Henrico	22.2	35.5
Lenowisco	34.1	40.4
Lord Fairfax	31.7	33.7
Loudoun	29.2	26.9
Mount Rogers	43.5	35.4
New River	18.0	19.0
Norfolk	29.1	21.2
Peninsula	28.7	29.2
Piedmont	37.9	31.2
Pittsylvania/Danville	34.8	49.5
Portsmouth	42.3	45.0
Prince William	27.2	33.0
Rappahannock	28.2	34.9
Rappahannock/Rapidan	38.5	31.3
Richmond	34.1	43.7
Roanoke	30.5	35.2
Southside	42.8	28.8
Thomas Jefferson	28.3	19.6
Three Rivers	42.8	29.3
Virginia Beach	22.9	31.7
West Piedmont	32.5	32.4
Western Tidewater	35.4	39.6
Virginia	**28.8**	**30.1**

Virginia 2000 Objective

20%

Status

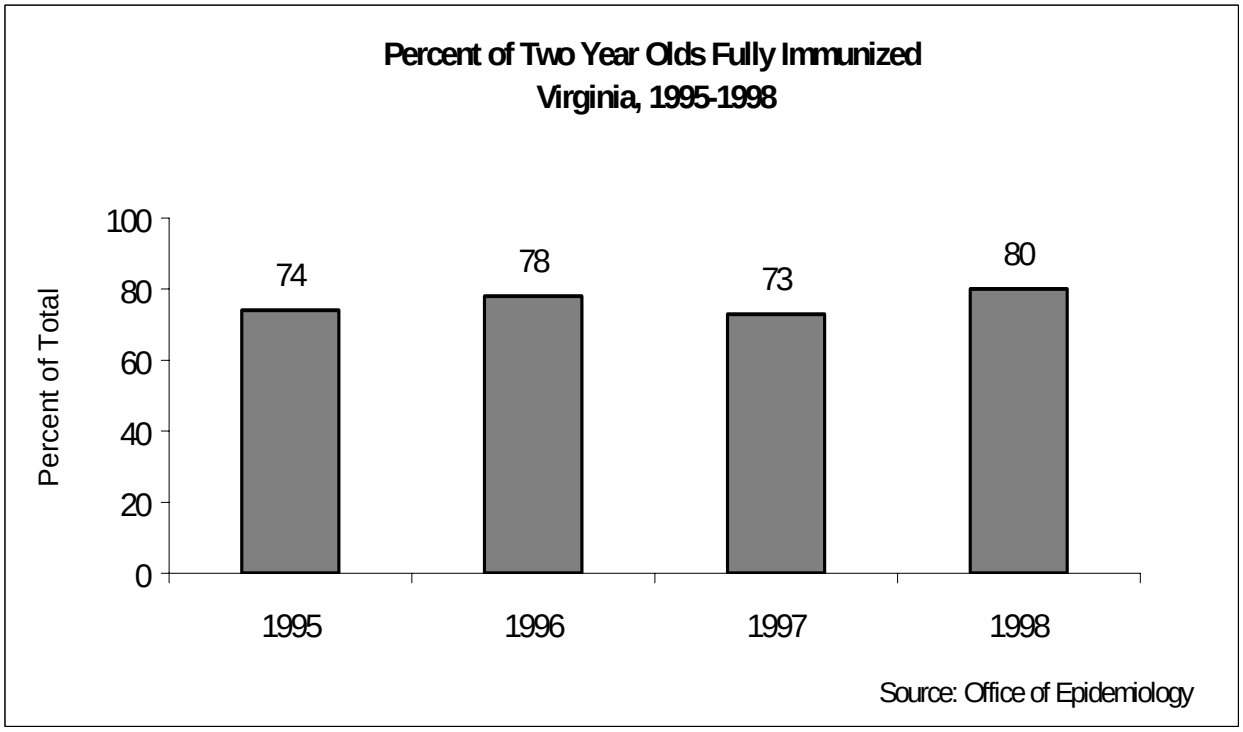
No Significant Change

*Aged 18 and older

Immunization Levels of 2 Year Olds

Objective: *Increase the basic immunization series among children aged 2 years to at least 90%.*

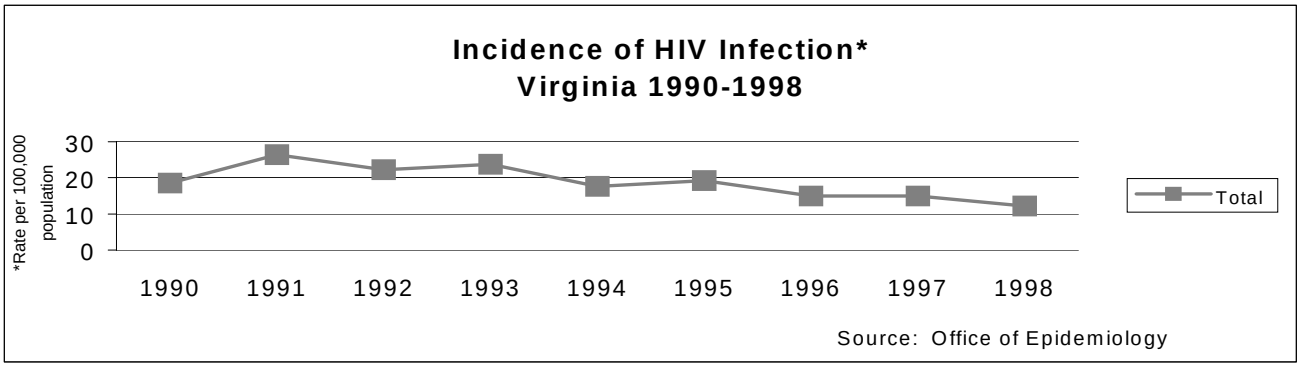
The reduction in the incidence of preventable infectious and communicable diseases is one of the most significant public health achievements of the twentieth century. In large measure this accomplishment is attributable to the introduction and widespread use of safe and cost effective vaccines that prevent the debilitating and, in some cases, fatal effects of these diseases. For each dollar spent on the measles, mumps, and rubella (German measles) vaccine, for example, a savings of $13 in later health care costs is realized. Virtually all of the more than 90,000 children who are born each year in Virginia are among the principal beneficiaries of these vaccines, as they will have been immunized by the time they enter kindergarten or first grade. However, only four out of every five two-year-olds in 1998 had completed the basic vaccination series by that age, a critical period for childhood disease prevention. Efforts to increase vaccination coverage of these young children need to be intensified, especially for those living in poverty, among whom the potential for disease outbreaks is greatest.

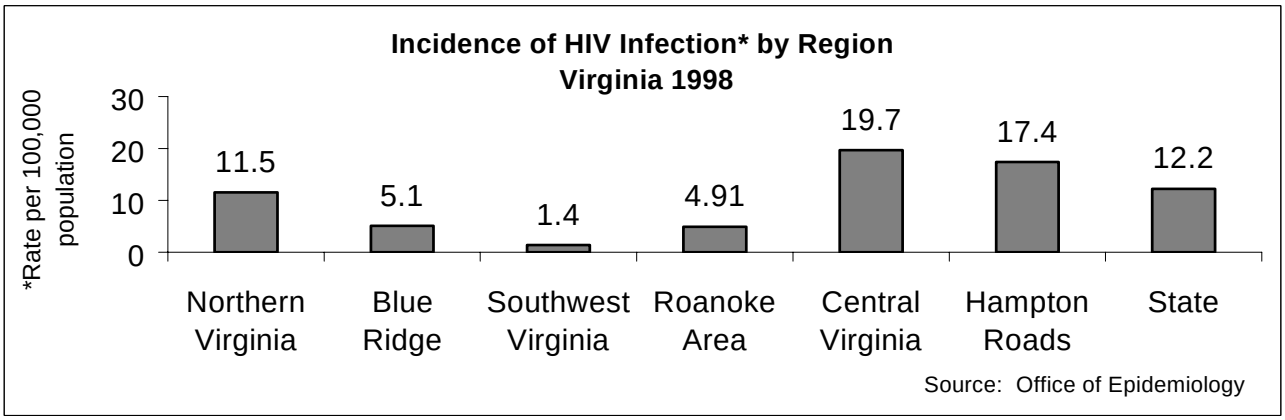


Sexually Transmitted Diseases:
Human Immunodeficiency Virus (HIV) Infection

Objective: *Confine the incidence of HIV infection to no more than 12 per 100,000 people.*

The 825 new HIV infections reported in Virginia in 1998 brought to 10,840 the cumulative total of such cases in the decade of the nineties. HIV is the virus that causes Acquired Immunodeficiency Syndrome (AIDS), the condition that has now assumed the dimensions of a global epidemic, and killed approximately 6,000 people in the Commonwealth since the first AIDS cases were reported in 1982. Although there is some reason to hope that an effective vaccine for the disease will be developed, there is still no known cure for AIDS, and a top priority of the public health system must be to halt the spread of HIV infection. Many HIV-infected people do not know that they have the virus and are therefore not taking the necessary precautions to prevent the spread of the disease. African Americans have been disproportionately affected by HIV, with an incidence rate in 1998 more than eight times higher than the rate for whites (47.3 cases versus 5.8 cases per 100,000 population). While the total rate has declined significantly since 1995, we must continue to attack the problem aggressively in order to sustain this progress.





Incidence of HIV Infection*
by Health District, Virginia

Health District	1995	1996	1997	1998
Alexandria	39.4	34.3	59.8	45.5
Alleghany	2.5	3.1	5.6	0.6
Arlington	29.6	23.9	26.5	27.1
Central Shenandoah	3.5	4.8	4.3	3.9
Central Virginia	13.7	8.0	9.8	9.3
Chesapeake	19.3	16.4	11.8	7.3
Chesterfield	15.1	8.1	8.9	9.6
Crater	42.5	23.4	26.8	21.2
Cumberland Plateau	5.1	1.7	1.7	0.0
Eastern Shore	20.1	17.8	22.3	31.2
Fairfax	10.0	4.8	6.1	6.7
Hampton	31.9	29.0	25.8	17.9
Hanover	20.2	6.7	10.2	7.4
Henrico	18.9	3.0	9.6	11.7
Lenowisco	1.1	3.3	2.3	4.5
Lord Fairfax	5.8	4.1	6.8	6.8
Loudoun	1.0	2.0	6.7	7.6
Mount Rogers	3.4	3.9	2.3	0.6
New River	3.8	1.3	1.9	0.0
Norfolk	71.9	84.3	50.1	40.4
Peninsula	20.1	20.8	17.3	13.9
Piedmont	21.0	21.0	18.6	16.3
Pittsylvania/Danville	7.4	14.8	7.4	11.1
Portsmouth	45.4	29.0	32.9	21.3
Prince William	7.7	6.6	13.6	8.3
Rappahannock	5.2	7.2	6.4	7.9
Rappahannock/Rapidan	6.2	3.1	5.2	5.2
Richmond	100.5	52.5	53.0	56.6
Roanoke	37.9	39.0	37.1	8.5
Southside	21.0	17.3	14.9	18.6
Thomas Jefferson	8.0	9.2	11.2	3.9
Three Rivers	9.6	9.6	9.4	7.8
Virginia Beach	18.9	14.8	16.6	9.2
West Piedmont	0.8	3.8	6.8	3.8
Western Tidewater	20.2	18.3	15.2	17.9
Virginia	**19.2**	**15.0**	**14.9**	**12.2**
U. S.	**N/A****	**N/A****	**N/A****	**N/A****

*Rates per 100,000 population
**Data not available because not every state reports HIV infection

Virginia 2000 Objective

12 per 100,000

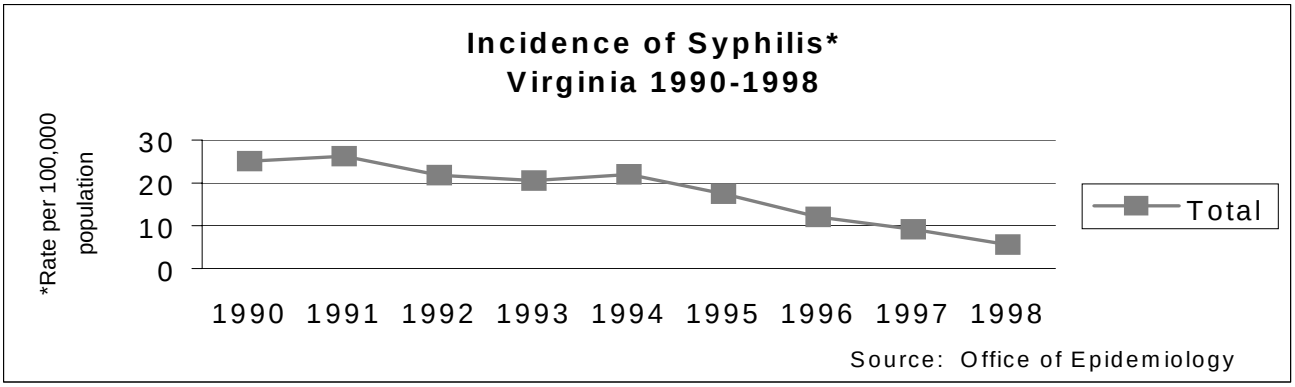
Status

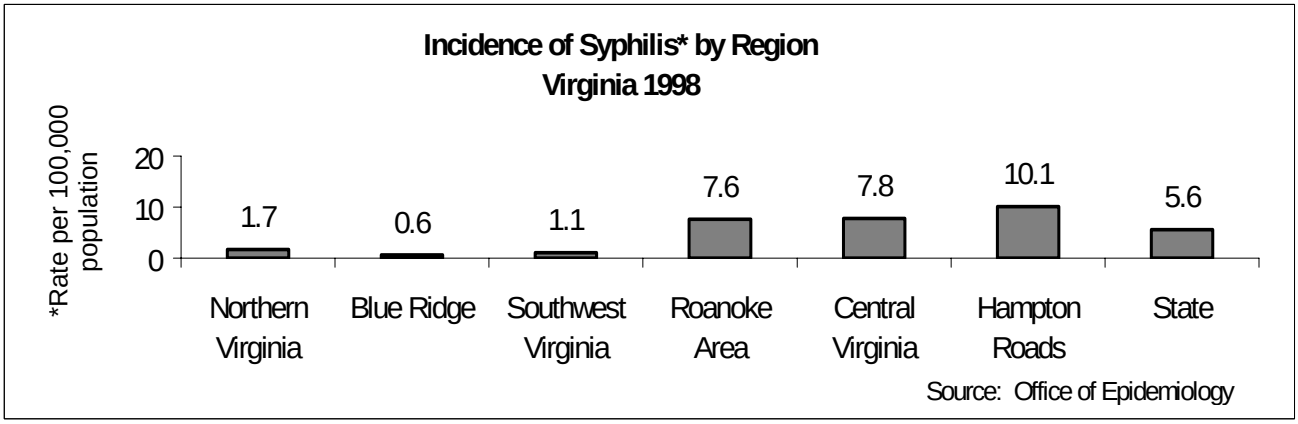
Moving in Right Direction

Sexually Transmitted Diseases: Syphilis

Objective: *Reduce primary and secondary syphilis to an incidence of no more than 4 cases per 100,000 people.*

Sexually transmitted diseases (STDs) refer to the illnesses caused by infectious organisms that are primarily transmitted through unprotected sexual activity. As the first STD for which control measures were initiated more than fifty years ago, syphilis can be easily detected, treated and cured. In its early stages, it is a disease that causes genital ulcers and other infectious lesions whose symptoms are usually relatively mild. Left untreated, however, syphilis enters a stage that damages the internal organs over a prolonged period of time. The number of reported cases of syphilis in Virginia during the past decade peaked in 1991 at 1,622 but has since dropped off by over twelve hundred to 379 in 1998. As impressive as that decline is, we should note that the numbers equate to an incidence rate of 5.6 per 100,000 population in 1998 as compared to a national rate of 2.6 for that year. If the Commonwealth is to narrow this significant gap, it will have to work even harder to build on the good record of the past several years.





Incidence of Syphillis*
by Health District, Virginia

Health District	1995	1996	1997	1998
Alexandria	6.0	4.4	15.2	5.0
Alleghany	0.6	0.6	0.6	0.0
Arlington	4.0	0.6	3.4	3.4
Central Shenandoah	0.4	0.4	1.3	1.3
Central Virginia	21.2	8.8	6.1	3.2
Chesapeake	33.9	31.6	18.5	11.0
Chesterfield	6.6	1.5	3.5	3.8
Crater	29.0	22.1	31.1	6.4
Cumberland Plateau	1.7	0.8	4.3	0.9
Eastern Shore	91.5	11.0	20.1	2.2
Fairfax	1.2	0.9	1.3	0.6
Hampton	43.5	12.9	5.0	2.9
Hanover	1.9	9.5	5.6	7.3
Henrico	3.9	7.9	6.7	3.3
Lenowisco	1.1	1.1	1.1	1.1
Lord Fairfax	0.6	0.0	0.6	0.0
Loudoun	1.0	0.0	1.0	0.9
Mount Rogers	1.1	1.1	0.0	1.1
New River	0.0	2.6	0.0	1.3
Norfolk	92.8	79.5	50.9	32.3
Peninsula	29.9	12.9	7.1	3.0
Piedmont	5.8	1.2	4.6	3.5
Pittsylvania/Danville	7.4	4.6	33.3	50.9
Portsmouth	164.4	102.5	33.9	14.5
Prince William	2.1	3.4	1.7	2.6
Rappahannock	2.6	2.0	2.0	2.4
Rappahannock/Rapidan	0.8	1.6	0.0	0.0
Richmond	54.0	71.5	55.1	29.7
Roanoke	20.0	5.2	5.3	3.2
Southside	6.2	7.2	8.7	5.0
Thomas Jefferson	1.7	1.1	2.3	1.7
Three Rivers	8.0	2.4	3.1	0.0
Virginia Beach	8.4	7.0	5.0	5.2
West Piedmont	1.5	0.0	1.5	2.3
Western Tidewater	120.9	53.9	35.8	8.9
Virginia	**17.5**	**12.1**	**9.2**	**5.6**
U.S.**	**6.3**	**4.3**	**3.2**	**2.6**

Virginia 2000 Objective

4 per 100,000

Status

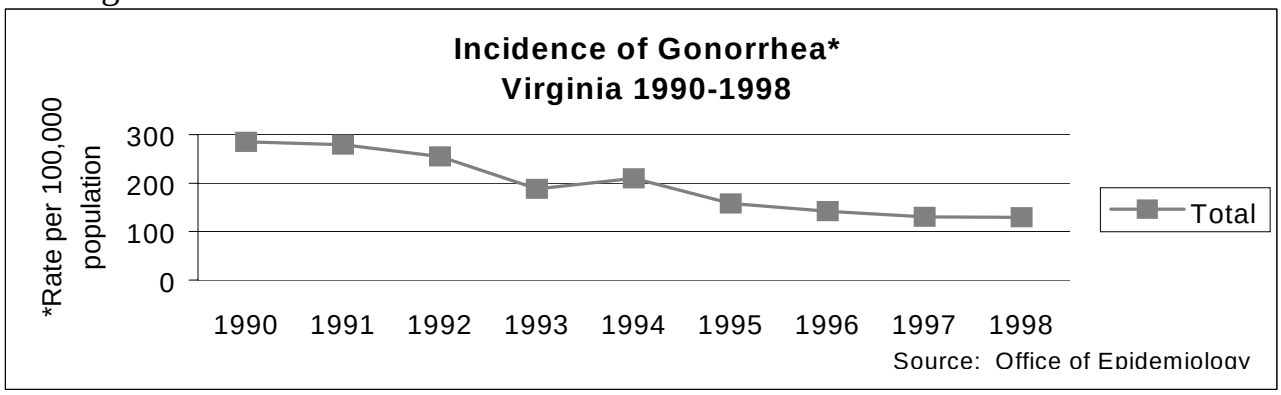
Moving in Right Direction

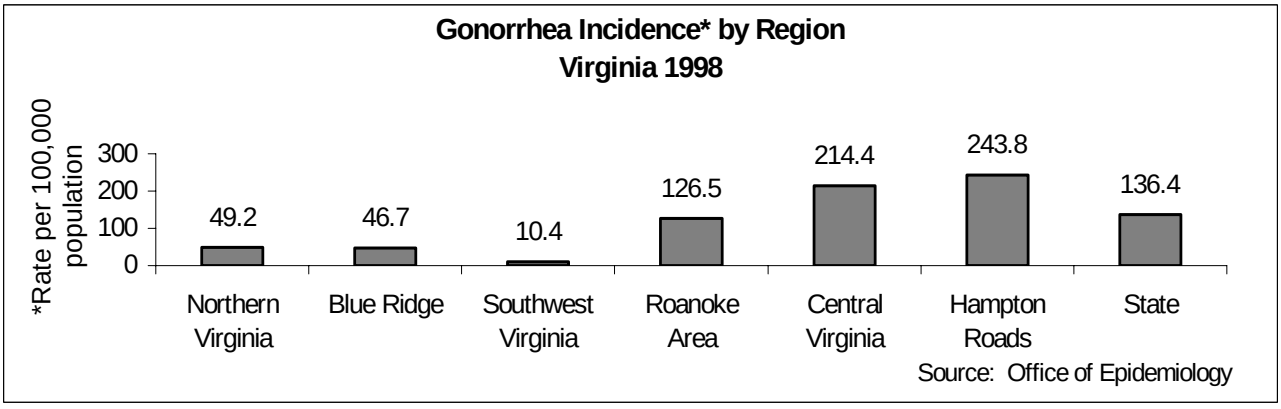
*Primary, secondary and early latent rate per 100,000 population
**Primary and secondary

Sexually Transmitted Diseases: Gonorrhea

Objective: *Reduce gonorrhea to an incidence of no more than 100 cases per 100,000 people.*

Gonorrhea is a bacterial disease characterized by infection of the lower urinary and genital tract in men and a more extensive infection of the reproductive organs in women. Efforts to control this disease were initiated in 1972, with considerable success until 1989-1990 when double digit increases in incidence followed a decade of decreasing morbidity. During the decade of the nineties the number of reported cases dropped to some of the lowest levels on record for the state. Even so, gonorrhea is still the second most frequently reported communicable disease in Virginia (chlamydia replaced it in the top spot in 1995), with 9,215 individuals in 1998 having contracted the disease. Young adults aged 20-29 accounted for 44% of these cases, making them the age group with the highest incidence rate (416.6 per 100,000 population). The disease also disproportionately affects the State=s African American communities, with 79% of the cases involving blacks compared with 10% that occurred in whites. Efforts to find and treat infected persons and their partners must continue unabated if we are to realize continuing success in dealing with this disease.





Incidence Rate of Gonorrhea by Health District, Virginia

Health District	1995	1996	1997	1998
Alexandria	210.9	223.7	209.8	223.0
Alleghany	17.6	17.5	30.0	10.6
Arlington	75.8	64.7	57.5	62.3
Central Shenandoah	21.2	26.3	19.7	17.1
Central Virginia	130.3	165.6	128.0	109.7
Chesapeake	212.9	151.2	147.1	132.6
Chesterfield	30.6	26.8	24.1	25.3
Crater	147.9	126.9	216.7	172.7
Cumberland Plateau	4.2	3.2	4.3	1.7
Eastern Shore	214.1	282.2	387.9	160.5
Fairfax	32.2	27.1	27.7	16.8
Hampton	249.9	212.0	242.7	242.7
Hanover	84.4	58.9	50.0	55.5
Henrico	34.8	27.5	90.8	148.0
Lenowisco	3.3	6.5	1.1	2.3
Lord Fairfax	60.6	55.9	33.4	27.4
Loudoun	18.1	27.8	47.8	38.3
Mount Rogers	6.2	9.3	7.9	18.6
New River	26.9	20.0	12.1	15.2
Norfolk	649.3	601.0	567.5	550.4
Peninsula	217.6	232.6	178.0	318.5
Piedmont	135.2	150.1	69.7	124.0
Pittsylvania/Danville	415.3	468.4	312.4	368.1
Portsmouth	590.8	474.6	402.9	346.1
Prince William	81.5	96.2	88.0	74.3
Rappahannock	81.9	100.7	92.0	69.8
Rappahannock/Rapidan	77.1	87.9	72.0	31.3
Richmond	1197.9	862.1	747.3	783.1
Roanoke	301.4	262.9	326.8	376.8
Southside	160.8	104.9	100.4	126.5
Thomas Jefferson	119.4	74.8	66.4	114.1
Three Rivers	92.0	72.5	61.7	129.0
Virginia Beach	86.9	93.7	81.4	91.9
West Piedmont	121.1	95.0	119.1	123.4
Western Tidewater	212.6	264.8	219.5	218.9
Virginia	**157.9**	**143.5**	**130.5**	**136.4**
U.S.	**149.5**	**122.8**	**121.4**	**129.8**

*Rates per 100,000 population

Virginia 2000 Objective

100 per 100,000

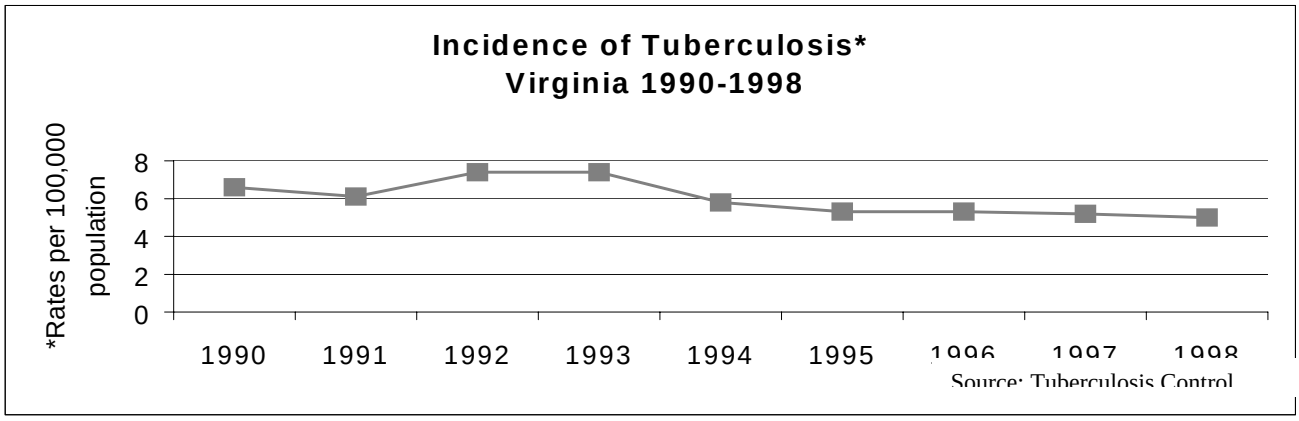
Status

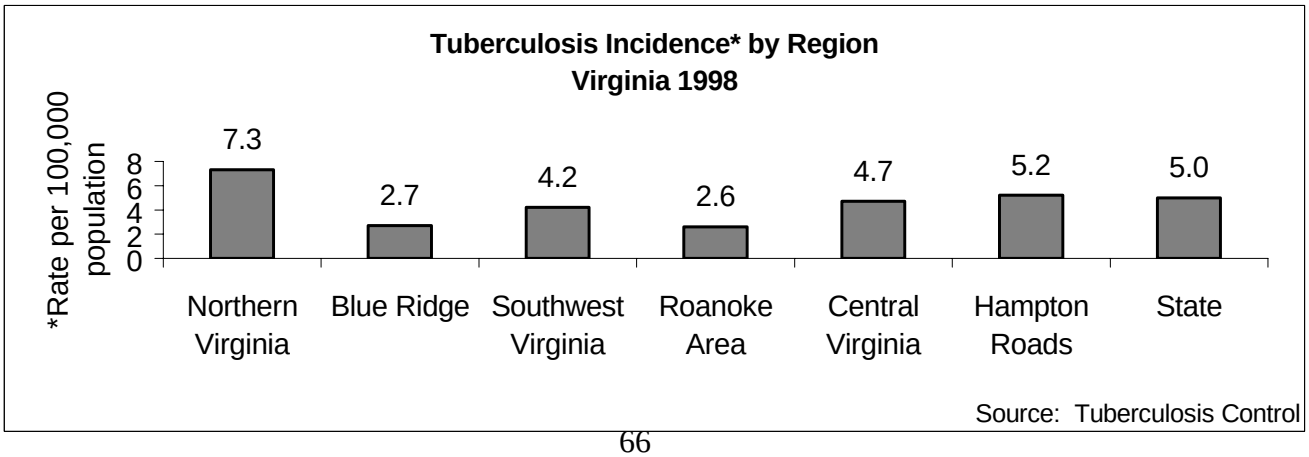
Moving in Right Direction

Tuberculosis

Objective: *Reduce tuberculosis to an incidence of no more than 3.5 cases per 100,000 people.*

Tuberculosis (TB) is an infectious communicable disease that is usually transmitted to the lungs through bacteria that are expelled into the air in tiny droplets when an infected individual coughs or sneezes. These minute particles can remain suspended in the air for several hours, and if another person inhales air containing them, TB infection may occur. People at high risk for active TB include foreign-born persons from high-prevalence areas, high-risk minority populations, the homeless, migrant workers, residents of nursing homes and correctional institutions, and HIV-infected persons. Of the 339 cases reported in Virginia in 1998 (ten less than in each of the preceding two years), almost 46% (156 cases) were in persons aged fifty and older, with men more likely to be reported contracting the disease than women (5.8 cases per 100,000 males vs. 4.3 cases per 100,000 females). The top priorities of the Commonwealth=s TB control program continue to be the early identification of infectious patients, the initiation of effective treatment and the completion of therapy as prescribed.





Tuberculosis Incidence Rate*
by Health District, Virginia

Health District	1995	1996	1997	1998
Alexandria	4.3	4.4	15.2	15.9
Alleghany	3.1	3.1	1.3	1.3
Arlington	18.2	18.3	16.4	16.3
Central Shenandoah	4.3	4.3	3.0	3.4
Central Virginia	0.9	0.9	0.5	0.9
Chesapeake	4.1	3.9	1.1	2.2
Chesterfield	3.0	3.0	2.5	2.8
Crater	6.4	6.2	7.8	4.9
Cumberland Plateau	8.4	8.0	6.8	3.5
Eastern Shore	13.4	13.2	15.6	11.1
Fairfax	10.7	11.0	7.5	7.4
Hampton	4.3	4.3	2.9	5.0
Hanover	3.8	3.8	1.9	1.8
Henrico	3.0	3.1	4.6	5.4
Lenowisco	3.3	3.3	6.7	6.8
Lord Fairfax	3.5	3.5	1.1	3.4
Loudoun	2.0	1.9	6.7	4.7
Mount Rogers	2.8	2.8	1.7	2.8
New River	1.9	1.9	1.9	1.9
Norfolk	7.7	8.3	10.1	5.8
Peninsula	4.2	4.1	4.8	5.0
Piedmont	8.2	8.0	5.8	4.6
Pittsylvania/Danville	3.7	3.6	1.9	3.7
Portsmouth	3.9	3.9	10.7	7.8
Prince William	1.4	1.4	2.3	2.3
Rappahannock	5.7	5.4	3.0	2.4
Rappahannock/Rapidan	0.0	0.0	0.0	2.2
Richmond	7.6	7.4	12.7	8.7
Roanoke	4.2	4.1	7.4	10.6
Southside	4.9	4.8	0.0	3.7
Thomas Jefferson	4.0	4.0	2.3	2.8
Three Rivers	1.6	1.6	3.1	0.8
Virginia Beach	3.4	3.5	3.3	1.5
West Piedmont	0.0	0.0	3.8	2.3
Western Tidewater	9.2	9.3	14.3	22.2
Virginia	**5.3**	**5.3**	**5.2**	**5.0**
U.S.	**8.7**	**8.0**	**7.6**	**6.8**

*Rates per 100,000 population

Virginia 2000 Objective

3.5 per 100,000

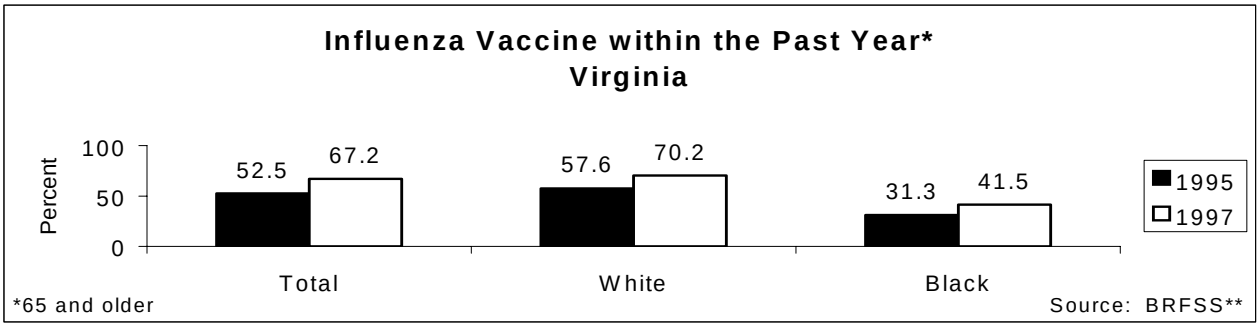
Status

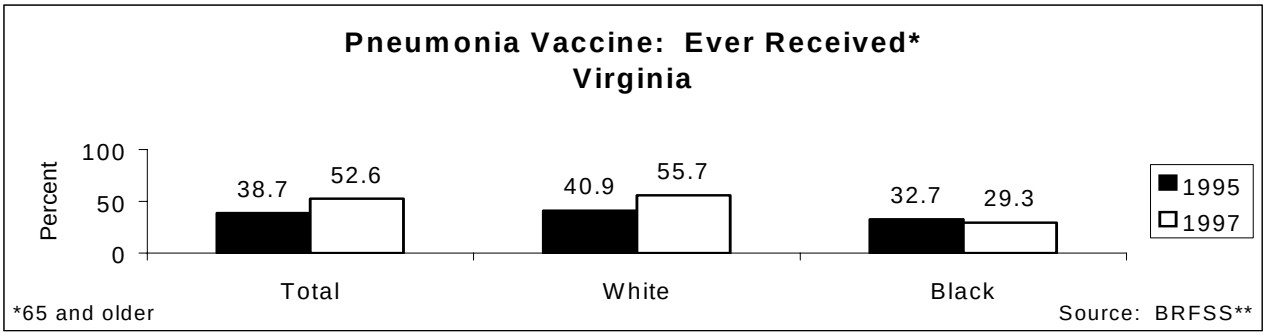
No Significant Change

Delivery of Influenza and Pneumococcal Vaccine to the Elderly

Objective: *Increase levels of pneumococcal pneumonia and influenza immunization among noninstitutionalized high risk populations to at least 60%.*

According to some experts, the public health significance of infectious diseases will continue to wane in the United States in the years ahead as medical research generates new drugs and treatment therapies to address these threats to our well-being. Despite such optimism, however, these diseases remain major causes of morbidity and mortality in this country among high risk populations. Influenza and pneumococcal pneumonia account for more than 45,000 deaths each year across the nation, most of them among the elderly, as well as tens of thousands of hospital stays each year. It is recommended that those in this age group receive the influenza vaccine annually and the pneumococcal vaccine only once (for most individuals) as an effective means of reducing the adverse effects of these diseases, along with the hospital and medical costs associated with them. As the accompanying data show, Virginia made impressive strides from 1995 to 1997 in terms of its statewide percentages, however, the disparities between the immunization levels of whites and blacks have become more pronounced.





**BRFSS questions related to this issue are only asked in odd-numbered years

Percent of Elderly* Who Have Received an Influenza Vaccine Within the Past Year by Health District, Virginia

Health District	1997
Alexandria	41.1
Alleghany	56.5
Arlington	78.5
Central Shenandoah	61.4
Central Virginia	50.9
Chesapeake	67.7
Chesterfield	78.4
Crater	48.6
Cumberland Plateau	63.3
Eastern Shore	80.0
Fairfax	98.4
Hampton	60.0
Hanover	42.5
Henrico	68.8
Lenowisco	77.4
Lord Fairfax	51.1
Loudoun	63.4
Mount Rogers	50.0
New River	62.3
Norfolk	74.9
Peninsula	45.8
Piedmont	52.3
Pittsylvania/Danville	47.4
Portsmouth	71.9
Prince William	33.3
Rappahannock	88.7
Rappahannock/Rapidan	94.2
Richmond	72.8
Roanoke	66.2
Southside	65.8
Thomas Jefferson	100.0
Three Rivers	50.6
Virginia Beach	80.5
West Piedmont	71.4
Western Tidewater	56.6
Virginia	**67.2**

Virginia 2000 Objective

60%

Status

Attained

*Aged 65 and older

Percent of Elderly* Who Have Ever Received a Pneumonia Vaccine by Health District, Virginia

Health District	1997
Alexandria	25.8
Alleghany	19.4
Arlington	69.6
Central Shenandoah	39.7
Central Virginia	41.0
Chesapeake	62.7
Chesterfield	56.7
Crater	70.8
Cumberland Plateau	57.7
Eastern Shore	30.8
Fairfax	91.1
Hampton	28.0
Hanover	47.1
Henrico	60.7
Lenowisco	42.1
Lord Fairfax	27.6
Loudoun	72.0
Mount Rogers	35.2
New River	44.0
Norfolk	62.1
Peninsula	68.0
Piedmont	52.7
Pittsylvania/Danville	38.4
Portsmouth	24.1
Prince William	33.3
Rappahannock	32.7
Rappahannock/Rapidan	84.1
Richmond	27.0
Roanoke	43.9
Southside	39.5
Thomas Jefferson	91.6
Three Rivers	50.6
Virginia Beach	68.4
West Piedmont	42.4
Western Tidewater	56.6
Virginia	**52.6**

Virginia 2000 Objective

60%

Status

Moving in Right Direction

*Aged 65 and older

Introduction

This is the second in a series of *Healthy Virginia Communities* reports that are designed to provide the citizens of the Commonwealth with an overview of their health status and key health risk indicators. The initial report, published in December 1997, provided important benchmark data on a limited number of health-related priorities for the last decade of the twentieth century. As we find ourselves now at the beginning of a new millennium, there is a need to update the information and examine the extent to which we are proceeding in the desired directions.

There are some significant differences between the 1997 publication and this one. Using the most recent figures available, the earlier report tended to focus on the data for a single year (e.g., 1995), thereby providing a snapshot of where the State or individual health districts stood at a given point in time. That depiction, while useful in some respects, had its potential for misinterpretation, in that changing circumstances over a period of time are not reflected in such a presentation. The current report addresses this problem whenever possible by providing the latest available data for a period of successive years (e.g., 1995-98) for health districts, thus establishing a trend line that permits a more thorough review of the particular issue at this level.

Another principal difference between the two reports involves the manner in which the health district data are displayed. In the initial report district rates or percentages were listed sequentially from best to worst, then segmented into quartiles to facilitate ease of analysis. The current report, showing data for four years rather than one in most instances, chooses instead to list health districts in alphabetical order so that each district can focus primarily on its own set of figures.

One other notable feature about the current report is the nature of the data from the Behavioral Risk Factor Surveillance System (BRFSS) that it includes. In the earlier publication these data were available only at the State or regional level due to the survey sample size. Beginning with the current report these BRFSS data are now available at the health district level due to an expanded sample base. While this is an improvement, it still needs to be pointed out that these data reflect the responses to the survey questions of only 100 persons in each health district. Consequently, there may be occasions when the figures from one year to the next in a particular health district appear questionable. The agency eventually intends to pool three years of BRFSS data for each health district, thereby assuring a more statistically valid result.

There are also similarities between the first report and this updated one. Both documents focus on a limited number of objectives that the Virginia Department of Health believes are central to the public=s health in the State. While these Virginia 2000 Objectives are essentially the same in both reports, the ones in this update have in a few instances been modified slightly by rounding off the target number. It should also be noted that this updated report no longer contains an objective for "Stage of Cervical Cancer at Diagnosis," as it was felt that the data pertaining to this indicator were not reliable.

The reader will also note that, like the first report, this one also uses age-adjusted death rates for several objectives. Age-adjusting is a statistical procedure that takes into account the differences in the age distribution of the population, thereby allowing for better comparison of rates for conditions that are associated with age. Where unadjusted rates are used in some graphs, it is because age-adjusted rates were not available for years prior to 1995.

Likewise, as in the initial publication, this one also groups the list of health status and health risk indicators under three distinct priority goals:

- X Improve Pregnancy Outcomes
- X Decrease the Burden of Chronic Disease
- X Protect Virginians from Communicable Diseases and Environmental Health Hazards

These goals and the specific objectives established under each of them provide the framework for a structured approach to major health-related concerns of Virginians. Progress relative to these concerns is depicted whenever possible by the use of trend lines that demonstrate the extent to which the State has successfully addressed the identified issue. A summary of the statewide progress realized thus far for the objectives has been provided immediately following this introductory narrative.

Rates and percentages in this report have been calculated using population projections developed by the State Data Center at the Virginia Employment Commission. These projections provide estimated levels of growth or decline by gender, race and age groups for most areas of the State in non-census years. As such, they afford a reasonable approximation of the population that is useful for making public health assessments. Even so, there may still be some high growth areas (e.g., Loudoun Health District) where the pace of growth outstrips the estimates and skews the interpretation of the data. The reader is also forewarned that in some instances (e.g., infant mortality) the variability in the rates from year to year in a particular health district may be misleading due to the small number of cases that impact the

result.

Where the information is provided according to race for health districts, the data are presented only for Awhite≅ and Ablack≅ because of the relatively small numbers for all other categories in most districts (a notable exception is in northern Virginia where there are large numbers of other minorities). To use these small numbers to calculate rates for other minorities for individual jurisdictions would result in unreliable figures. An analysis of the black and white data indicates that there are often substantial disparities between the health status of the two groups, and that the elimination of these gaps will continue to tax our commitment to ensuring the health of all Virginians.

This report, like its predecessor, also attempts to underscore the importance of collaboration between the public and private sectors in dealing with the selected objectives. Bar graphs for many of the measures show data by regions[1] in an effort to encourage cooperation on the part of district health directors, private physicians, hospitals, health plan leaders, and other health care professionals and lay persons interested in improving outcomes; see Appendix A for details on areas of operation.

To a significant extent the framework of this document is fashioned after the model used in *Healthy People 2000*, the report of the U. S. Department of Health and Human Services (DHHS) that established a new vision for the nation for the last decade of the twentieth century. It was a vision Acharacterized by significant reductions in preventable death and disability, enhanced quality of life, and greatly reduced disparities in the health status of populations within our society.≅[2]

The DHHS report compiled over three hundred national health promotion and disease prevention objectives for the turn of the century. Its comprehensive nature allowed individual states and local communities to choose for themselves those particular objectives that they believe are most pertinent to their own needs and situations. The Virginia Department of Health feels that its identification of thirty-three key objectives[3], including some that were not part of the national report, will

[1] The regions shown are the ones used in the initial *Healthy Virginia Communities* report to indicate Health Maintenance Organization (HMO) regions. These designations have since been eliminated by the Virginia Association of Health Plans, however, we have continued to use them to ensure continuity with the first report.

[2] *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*, U.S. Department of Health and Human Services, September 1990, p. 1.

[3] The objectives in this report in most cases reflect national targets as set forth in the *Healthy People 2000* report. For those objectives for which there were no corresponding national targets, we have identified an improvement level of 7.5% above the most recent State figure in the December 1997 *Healthy Virginia Communities* report as a

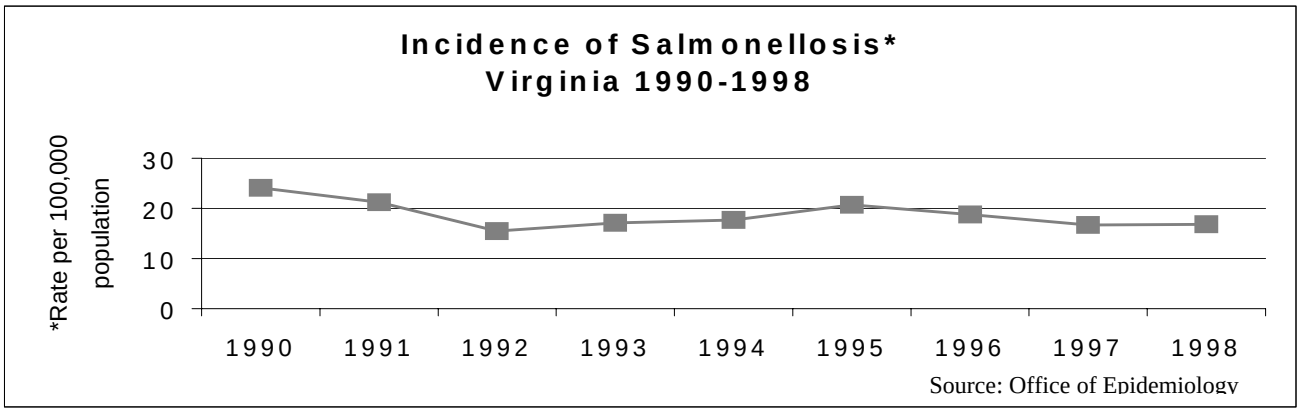
allow for a manageable and focused effort within the Commonwealth.

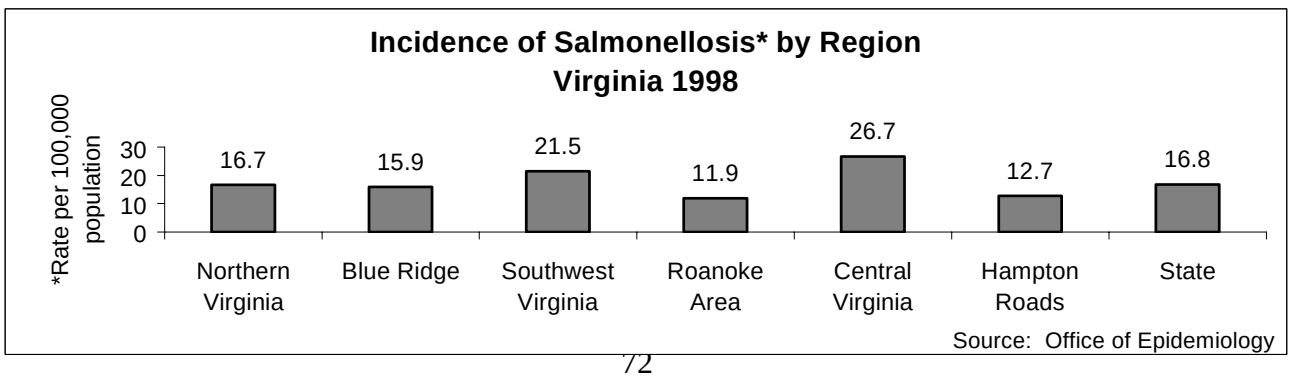
realizable target.

Foodborne Disease: Salmonellosis

Objective: *Reduce the rate of salmonellosis to no more than 16 cases per 100,000 population.*

Despite the fact that the Virginia Department of Health has a vigorous statewide food safety inspection and education program, we are still confronted each year with a significant number of infections caused by microbial or chemical contaminants in foods. Among the most serious problems is salmonellosis, a foodborne illness caused by bacteria called *Salmonella*, that is characterized by diarrhea, fever, headache, abdominal pain and nausea, and that can cause death. Outbreaks of salmonellosis often result from eating contaminated foods at picnics and events for which food was privately or commercially prepared, and there have also been incidents involving restaurants. As in previous years, the rate of the disease in 1998 was highest in infants (144.7 cases per 100,000 population), followed by children aged 1-9 years (35.8 per 100,000). Blacks (9.5 per 100,000) were at a greater risk than whites (7.4 per 100,000); however, the race of those with the disease is often not reported. As the data on these pages demonstrate, the State has made good progress over the past several years but has not yet attained its Virginia 2000 Objective.





Incidence of Salmonellosis* by Health District, Virginia

Health				
Alexandria	66.0	20.3	13.5	11.8
Alleghany	9.4	10.0	8.1	11.9
Arlington	29.6	22.9	18.6	13.0
Central Shenandoah	18.2	20.4	15.9	14.6
Central Virginia	18.8	27.4	25.1	14.0
Chesapeake	19.3	11.6	11.8	16.8
Chesterfield	27.3	22.7	13.1	17.7
Crater	17.0	20.0	16.9	28.9
Cumberland Plateau	8.4	10.4	6.8	6.8
Eastern Shore	89.2	97.0	69.1	51.3
Fairfax	21.6	18.8	12.8	15.9
Hampton	11.6	8.6	7.2	5.0
Hanover	32.6	24.7	25.0	35.2
Henrico	30.9	35.8	18.4	33.9
Lenowisco	17.8	7.6	14.6	12.4
Lord Fairfax	18.1	14.1	18.7	19.3
Loudoun	18.1	18.5	22.0	30.6
Mount Rogers	10.1	18.1	12.9	32.6
New River	12.2	13.5	18.4	14.0
Norfolk	13.5	9.9	10.5	10.1
Peninsula	25.7	26.5	25.5	22.1
Piedmont	36.1	16.0	23.2	23.2
Pittsylvania/Danville	16.6	13.6	12.0	9.2
Portsmouth	19.3	11.6	10.7	7.8
Prince William	18.5	18.3	15.9	16.6
Rappahannock	17.0	17.3	15.8	19.7
Rappahannock/Rapidan	9.3	12.1	21.5	10.4
Richmond	29.3	27.8	34.7	34.7
Roanoke	26.4	33.0	9.6	12.7
Southside	19.8	9.5	11.2	13.6
Thomas Jefferson	20.7	19.3	33.7	13.5
Three Rivers	14.4	15.3	18.8	13.3
Virginia Beach	14.6	12.1	10.9	8.1
West Piedmont	14.5	13.6	15.2	12.1
Western Tidewater	12.8	14.9	23.3	8.1
Virginia	**20.7**	**18.8**	**16.7**	**16.8**
U.S.	**17.7**	**17.2**	**15.7**	**15.9**

Virginia 2000 Objective

16 per 100,000

Status

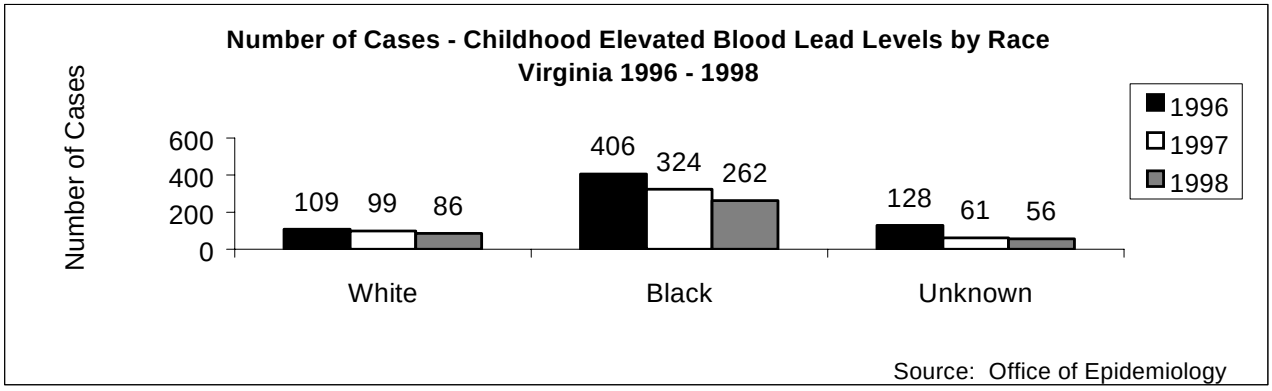
Moving in Right Direction

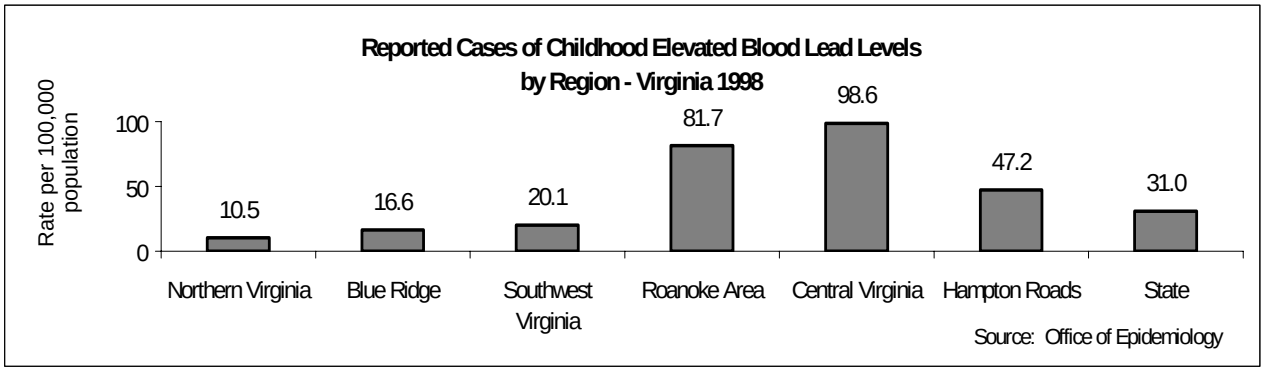
*Rates per 100,000 population

Lead Poisoning

Objective: *Reduce the incidence of children ages fourteen years and younger with blood lead levels exceeding 15 Φg/dl to 13 per 100,000.*

Lead poisoning is one of our nation=s most preventable childhood health problems because many of the sources of lead in our environment can be readily identified and eliminated. This has already been accomplished to a large extent through stronger environmental standards that prohibit the use of lead in gasoline, paint, and plumbing fixtures, and the use of lead solder in food cans. In spite of significant progress that has resulted from these changes, we are still faced with thousands of older houses in Virginia that contain lead-based paints that pose a hazard to young children. Some houses were constructed with materials containing lead up to a quarter of a century ago, but virtually all housing built before 1950 used such paint. As the paint deteriorates or is disturbed during renovation or remodeling, the resulting paint chips, dust and contaminated soil become major sources of lead exposure. The screening of children for elevated blood lead levels must be a high priority if we are to prevent major physical and mental health problems in their later lives.





Lead Poisoning Rate* for Children Age 0-14 Years by Health District, Virginia

Health District	1995	1996	1997	1998
Alexandria	44.6	39.0	42.5	30.4
Alleghany	59.9	17.40	7.2	14.4
Arlington	46.5	47.0	44.3	24.2
Central Shenandoah	17.5	7.0	11.8	14.1
Central Virginia	133.1	90.8	89.0	69.8
Chesapeake	23.6	15.8	16.8	2.4
Chesterfield	16.6	1.5	2.6	1.9
Crater	401.8	223.0	215.0	134.2
Cumberland Plateau	25.7	7.7	0.0	13.6
Eastern Shore	546.6	270.2	108.6	173.8
Fairfax	2.4	4.9	4.2	5.2
Hampton	47.8	30.0	29.9	29.9
Hanover	77.1	23.5	4.7	13.9
Henrico	55.8	29.3	14.8	27.5
Lenowisco	8.8	43.2	11.5	23.0
Lord Fairfax	3.8	2.9	2.8	8.4
Loudoun	0.0	16.1	0.0	0.0
Mount Rogers	14.4	42.8	9.4	6.3
New River	18.3	8.1	0.0	8.1
Norfolk	213.4	177.6	103.1	74.1
Peninsula	51.8	43.2	17.5	23.3
Piedmont	80.8	46.8	11.6	69.7
Pittsylvania/Danville	220.9	126.4	126.5	89.1
Portsmouth	260.5	112.7	120.0	82.7
Prince William	13.9	0.0	1.4	4.1
Rappahannock	35.1	18.6	18.8	8.4
Rappahannock/Rapidan	21.8	11.1	3.4	3.4
Richmond	583.1	367.9	286.9	225.2
Roanoke	433.2	303.6	240.9	144.6
Southside	19.2	6.1	6.3	38.0
Thomas Jefferson	38.5	29.4	15.0	15.0
Three Rivers	36.7	36.3	43.7	27.8
Virginia Beach	6.8	3.8	6.1	1.7
West Piedmont	30.8	60.2	12.1	40.2
Western Tidewater	50.6	42.2	20.3	48.7
Virginia	**74.0**	**72.5**	**55.1**	**31.0**

*Rates per 100,000 children age 0-14 reported with blood lead levels > 15 ug/dl

Virginia 2000 Objective

13 per 100,000

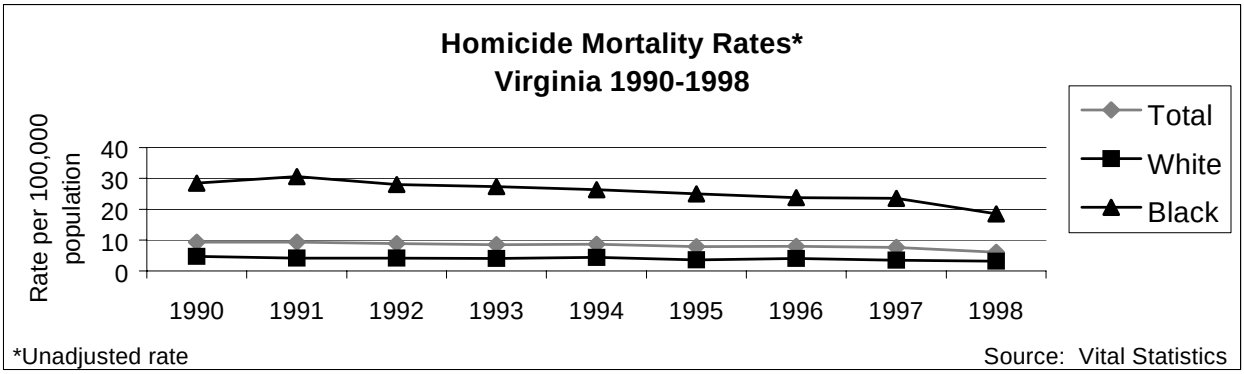
Status

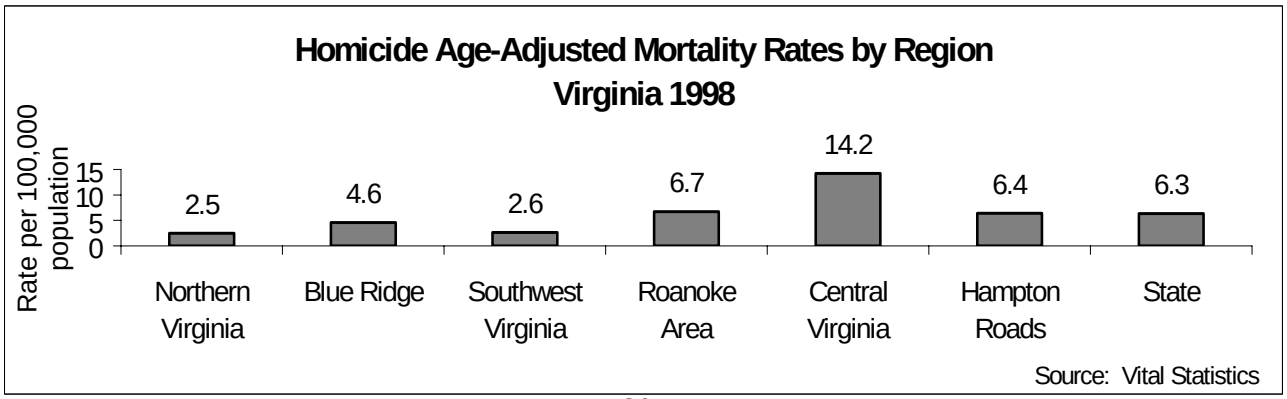
Moving in Right Direction

Intentional Injury Deaths, Other Inflicted: Homicide

Objective: *Reduce deaths caused by homicide to no more than 7 per 100,000 people (age-adjusted).*

The pervasiveness of violence in America during the past several years has reached alarming proportions. We are shocked by reports of children killing other children in schools, and the safety of our educational environments has become front page news. Likewise, domestic violence and sexual assaults against women underscore the fact that the home too is no longer a safe haven for many. On an average day in our nation, 70 people die from homicide and at least another 18,000 are involved in interpersonal attacks. About ten residents of Virginia are murdered each week, with African Americans almost seven times as likely as whites to be the victims. Just as the reasons behind such carnage are many - poverty, lack of opportunity, social isolation, and dysfunctional family structures, to name but a few - so too must the answers to the epidemic of violence be part of a multifaceted and comprehensive approach to these societal ills. Plans for dealing with this problem must confront the acceptance of violence as a cultural norm, and should encourage diverse groups within communities to work together to devise effective intervention strategies.





Homicide Age-Adjusted Death Rates*
by Health District, Virginia

Health District	1995	1996	1997	1998	
Alexandria	4.0	6.8	6.2	5.3	
Alleghany	1.7	1.6	1.9	2.3	
Arlington	4.8	2.0	2.6	2.2	
Central Shenandoah	3.6	6.7	2.9	4.4	
Central Virginia	7.1	4.6	5.1	5.3	
Chesapeake	7.8	6.1	9.3	1.0	
Chesterfield	3.9	6.1	10.0	3.8	
Crater	12.1	8.5	17.0	8.8	
Cumberland Plateau	3.5	1.1	4.3	4.0	
Eastern Shore	9.6	37.4	3.1	12.2	
Fairfax	3.3	3.2	2.5	2.0	
Hampton	12.3	8.7	8.9	9.1	
Hanover	2.9	7.1	10.3	4.0	
Henrico	9.4	9.2	15.3	14.5	
Lenowisco	6.8	3.5	3.7	2.9	
Lord Fairfax	2.7	3.0	2.5	3.3	
Loudoun	2.4	1.6	2.6	3.0	
Mount Rogers	6.8	6.5	8.1	1.6	
New River	5.7	3.9	1.9	2.5	
Norfolk	17.0	21.2	14.3	11.7	
Peninsula	8.9	8.2	6.0	6.7	
Piedmont	10.9	11.5	5.9	8.4	
Pittsylvania/Danville	7.9	14.7	10.8	7.2	
Portsmouth	30.6	30.2	23.1	20.9	
Prince William	5.2	3.5	3.3	2.8	
Rappahannock	5.6	4.2	3.7	3.5	
Rappahannock/Rapidan	4.2	4.9	2.7	6.7	
Richmond	49.6	49.0	58.5	44.3	
Roanoke	15.7	20.0	7.1	19.3	
Southside	18.2	15.5	8.8	20.1	
Thomas Jefferson	6.6	3.7	5.6	3.5	
Three Rivers	2.9	9.3	6.5	3.3	
Virginia Beach	3.9	6.2	5.5	2.3	
West Piedmont	11.6	7.0	11.5	10.9	
Western Tidewater	4.2	9.1	10.4	4.2	
Virginia	**8.0**	**7.3**	**8.0**	**6.3**	
U.S.	**9.4**	**8.4**	**7.5**	**6.9**	**

Virginia 2000 Objective

7 per 100,000

Status

Attained

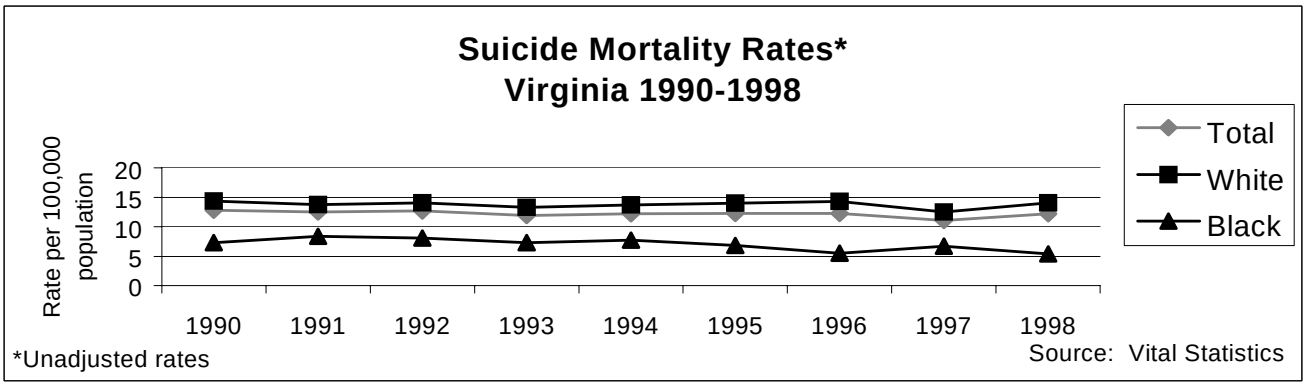
*Rates per 100,000 population

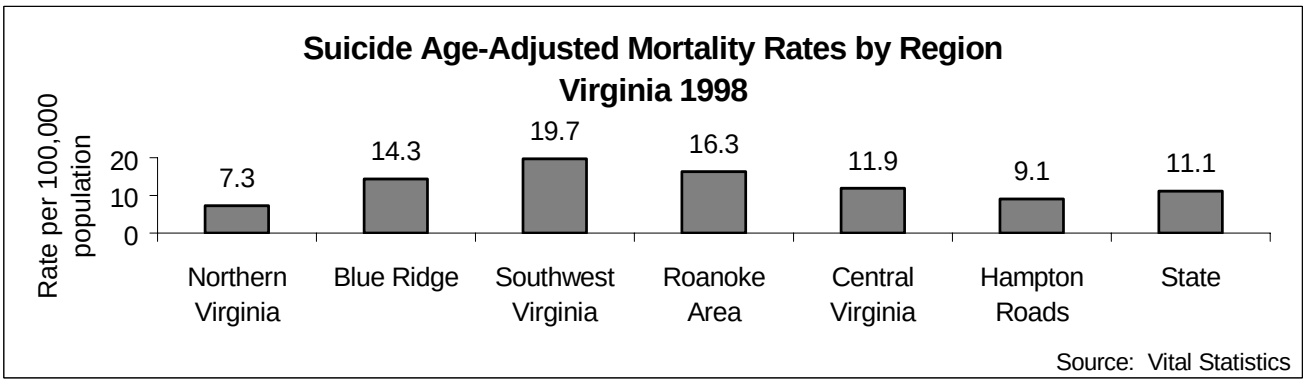
**Based on preliminary data

Intentional Injury Deaths, Self Inflicted: Suicide

Objective: *Reduce deaths caused by suicide to no more than 10.5 per 100,000 people (age-adjusted).*

There have been some ups and downs in the statewide suicide rate since our initial report, but the 1998 data show that we=re pretty much where we were at the midpoint of the decade. This means that 827 people in the State took their own lives in 1998, with whites having a suicide rate more than 22 times higher than that for blacks. Suicide is a complex behavior that is frequently characterized by a combination of risk factors. Scientific research has shown that almost all people who kill themselves have a diagnosable mental or substance abuse disorder, with the majority having more than one. Often exacerbating the problem are stressful circumstances at work or home, and the many social and environmental factors that are associated with suicide. Communities that have high rates of unemployment, homelessness, and other indicators of limited economic opportunity, for example, may tend to have higher rates of suicide in comparison to localities that have greater economic stability. Intervention programs that focus on the early identification and treatment of at-risk individuals in a supportive community context are most apt to be successful.





Suicide Age-Adjusted Death Rates*
by Health District, Virginia

Health District	1995	1996	1997	1998	
Alexandria	7.4	4.0	6.6	6.0	
Alleghany	11.5	12.4	14.1	12.9	
Arlington	9.4	15.5	5.2	7.8	
Central Shenandoah	18.3	17.5	9.3	20.2	
Central Virginia	19.1	14.2	10.7	17.5	
Chesapeake	16.1	16.0	8.8	11.3	
Chesterfield	10.5	7.6	11.4	9.7	
Crater	11.8	9.5	20.4	13.5	
Cumberland Plateau	19.4	19.2	12.3	23.0	
Eastern Shore	5.4	6.7	4.2	14.5	
Fairfax	6.9	7.5	6.6	6.6	
Hampton	10.6	9.5	6.4	5.7	
Hanover	15.3	6.6	14.7	11.5	
Henrico	10.9	10.8	8.9	9.4	
Lenowisco	11.4	9.4	17.5	25.2	
Lord Fairfax	12.6	14.5	13.0	10.6	
Loudoun	16.5	7.8	9.5	6.6	
Mount Rogers	11.8	20.9	13.8	16.4	
New River	15.0	19.6	11.8	16.4	
Norfolk	13.1	8.0	10.0	7.8	
Peninsula	7.8	9.0	6.8	8.3	
Piedmont	10.6	12.7	11.8	13.1	
Pittsylvania/Danville	9.2	11.9	23.9	12.8	
Portsmouth	11.2	14.2	10.3	12.9	
Prince William	7.7	7.6	6.4	6.8	
Rappahannock	10.4	14.1	13.2	14.5	
Rappahannock/Rapidan	8.9	17.0	15.5	11.9	
Richmond	14.0	10.2	15.3	11.9	
Roanoke	23.9	11.5	16.8	16.5	
Southside	14.6	12.6	13.4	19.5	
Thomas Jefferson	16.6	14.3	8.7	14.5	
Three Rivers	10.0	15.6	10.6	13.4	
Virginia Beach	8.3	9.5	6.7	9.8	
West Piedmont	12.9	17.2	20.7	20.9	
Western Tidewater	8.8	12.1	10.7	5.7	
Virginia	**11.2**	**13.6**	**10.2**	**11.1**	
U.S.	**9.4**	**10.8**	**10.3**	**10.0**	**

*Rates per 100,000 population
**Based on preliminary data

Virginia 2000 Objective

10.5 per 100,000

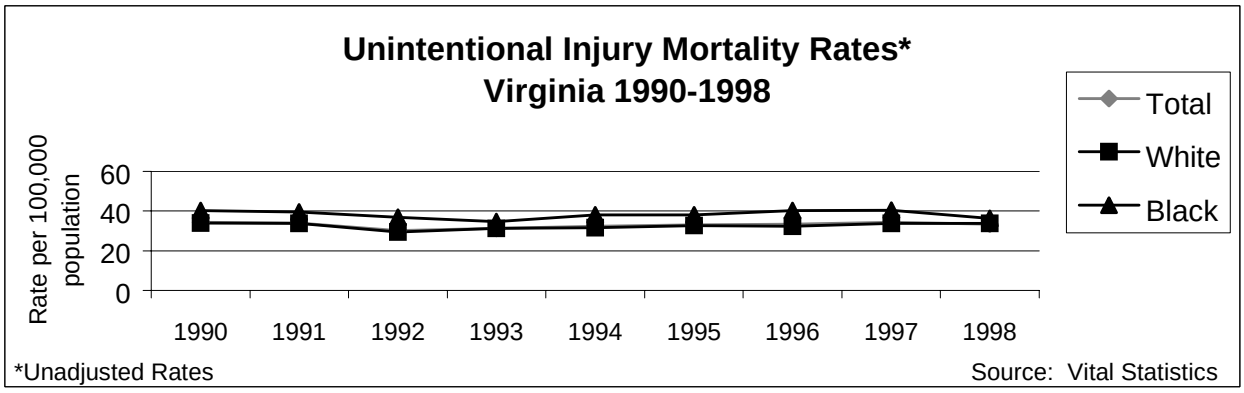
Status

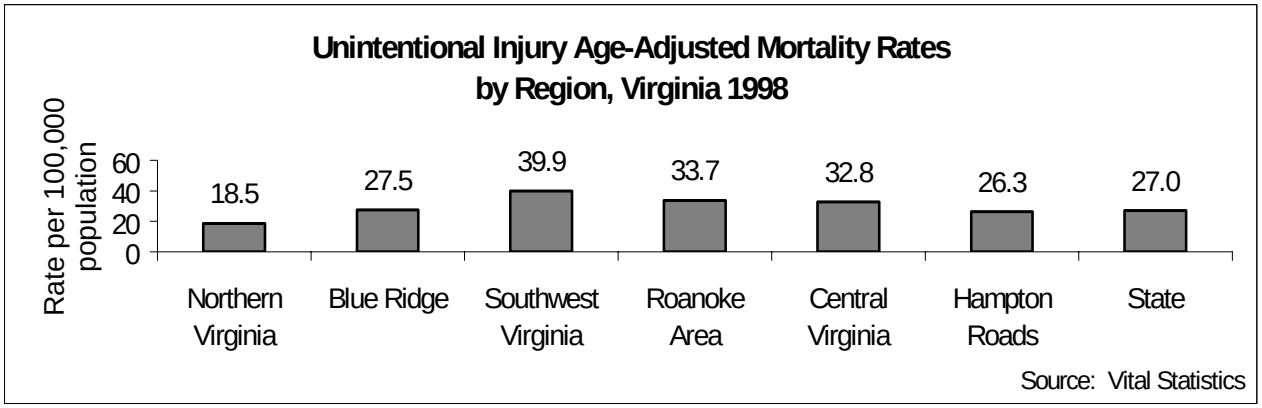
No Significant Change

Unintentional Injury Deaths

Objective: *Reduce deaths caused by unintentional injuries to no more than 29 per 100,000 people (age-adjusted).*

In 1998, unintentional injuries took the lives of 2,267 people in Virginia, making this the fifth leading cause of death in the State. Those who succumbed to these injuries often died decades earlier than people dying from other leading causes of death such as heart disease, cancer, and stroke. Such premature deaths, especially among children and young adults, are the reason that injuries account for more years of potential life lost than any other single factor in the Commonwealth. Traffic accidents were to blame for about four out of every ten of these fatalities, with alcohol-related crashes a particularly serious problem for those in their twenties and thirties. Falls, poisonings, accidental discharge of firearms, drownings and residential fires were also significant contributors to the statewide toll. The tragedy in all of this is that many of these deaths each year can be prevented through careful planning and educational strategies that involve a broad spectrum of our society. The fact that we have already attained our Virginia 2000 Objective is commendable, but it does not allow us to become less diligent in our





Unintentional Injury Age-Adjusted Death Rates* by Health District, Virginia

Health District	1995	1996	1997	1998
Alexandria	22.0	18.5	15.9	8.2
Alleghany	27.5	24.7	27.4	17.8
Arlington	16.2	18.5	13.8	17.8
Central Shenandoah	26.9	36.0	28.7	31.2
Central Virginia	31.4	30.2	35.9	26.9
Chesapeake	27.4	24.8	22.1	32.6
Chesterfield	23.4	29.7	23.3	22.7
Crater	46.4	42.1	48.6	37.1
Cumberland Plateau	51.1	53.4	41.6	52.2
Eastern Shore	40.5	47.9	57.3	62.8
Fairfax	16.9	15.0	17.2	15.4
Hampton	22.5	15.7	27.3	19.5
Hanover	25.8	38.1	32.4	36.5
Henrico	27.4	20.2	29.2	24.3
Lenowisco	50.7	41.0	35.0	42.0
Lord Fairfax	30.8	28.6	40.7	27.4
Loudoun	21.5	21.7	18.5	35.1
Mount Rogers	37.6	38.7	38.0	31.6
New River	30.5	25.3	24.5	30.5
Norfolk	33.0	31.1	32.5	29.3
Peninsula	20.0	24.5	22.9	23.0
Piedmont	57.0	47.9	53.9	44.5
Pittsylvania/Danville	37.8	36.7	39.6	37.0
Portsmouth	36.3	31.0	27.0	35.4
Prince William	21.9	25.5	29.7	18.9
Rappahannock	33.6	33.1	35.8	32.3
Rappahannock/Rapidan	25.5	42.9	43.8	35.6
Richmond	40.8	38.2	41.6	39.4
Roanoke	31.0	35.1	32.9	19.4
Southside	58.3	50.9	46.9	55.0
Thomas Jefferson	32.5	26.7	29.6	26.5
Three Rivers	38.1	39.5	37.8	41.0
Virginia Beach	14.9	18.9	19.9	18.2
West Piedmont	38.0	39.2	54.2	62.9
Western Tidewater	42.4	37.3	32.5	49.9
Virginia	**27.8**	**27.4**	**28.3**	**27.0**
U.S.	**30.5**	**30.1**	**28.9**	**28.5** **

*Rates per 100,000 population
**Based on preliminary data

Virginia 2000 Objective

29 per 100,000

Status

Attained

Health Districts and Cities/Counties by Region*

Northern Virginia Region

Alexandria Health District
- ∃ Alexandria City

Arlington Health District
- ∃ Arlington County

Fairfax Health District
- ∃ Fairfax City
- ∃ Fairfax County
- ∃ Falls Church City

Loudoun Health District
- ∃ Loudoun County

Prince William Health District
- ∃ Manassas City
- ∃ Manassas Park City
- ∃ Prince William County

Rappahannock Health District**
- ∃ Fredericksburg City
- ∃ Spotsylvania County
- ∃ Stafford County

Blue Ridge Region

Central Shenandoah Health District**
- ∃ Augusta County
- ∃ Harrisonburg City
- ∃ Highland County
- ∃ Rockingham County
- ∃ Staunton City
- ∃ Waynesboro City

Lord Fairfax Health District
- ∃ Frederick County
- ∃ Clarke County
- ∃ Page County
- ∃ Shenandoah County
- ∃ Warren County

- ∃ Winchester City

Rappahannock/Rapidan Health District
- ∃ Culpeper County
- ∃ Fauquier County
- ∃ Madison County
- ∃ Orange County
- ∃ Rappahannock County

Thomas Jefferson Health District**
- ∃ Albemarle County
- ∃ Charlottesville City
- ∃ Greene County
- ∃ Nelson County

Southwest Virginia Region

Cumberland Plateau Health District
- ∃ Buchanan County
- ∃ Dickenson County
- ∃ Russell County
- ∃ Tazewell County

Lenowisco Health District
- ∃ Lee County
- ∃ Norton City
- ∃ Scott County
- ∃ Wise County

Mount Rogers Health District**
- ∃ Bland County
- ∃ Bristol City
- ∃ Galax City
- ∃ Grayson County
- ∃ Smyth County
- ∃ Washington County
- ∃ Wythe County

Roanoke Area Region

Alleghany Health District
- ∃ Alleghany County
- ∃ Botetourt County
- ∃ Clifton Forge City
- ∃ Covington City
- ∃ Craig County

- ∃ Roanoke County
- ∃ Salem City

Central Shenandoah Health District**
- ∃ Bath County
- ∃ Buena Vista City
- ∃ Lexington City
- ∃ Rockbridge County

Central Virginia Health District
- ∃ Amherst County
- ∃ Appomattox County
- ∃ Bedford City
- ∃ Bedford County
- ∃ Campbell County
- ∃ Lynchburg City

Mount Rogers Health District**
- ∃ Carroll County

New River Health District
- ∃ Floyd County
- ∃ Giles County
- ∃ Montgomery County
- ∃ Pulaski County
- ∃ Radford City

Piedmont Health District**
- ∃ Charlotte County

Pittsylvania/Danville Health District
- ∃ Danville City
- ∃ Pittsylvania County

Roanoke City Health District
- ∃ Roanoke City

Southside Health District**
- ∃ Halifax County
- ∃ South Boston City
- ∃ West Piedmont Health District
- ∃ Franklin County
- ∃ Henry County
- ∃ Martinsville City
- ∃ Patrick County

Central Virginia Region

Chesterfield Health District
- ∃ Chesterfield County
- ∃ Colonial Heights City
- ∃ Powhatan County

Crater Health District**
- ∃ Dinwiddie County
- ∃ Greensville County
- ∃ Emporia City
- ∃ Hopewell City
- ∃ Petersburg City
- ∃ Prince George County

Hanover Health District
- ∃ Charles City County
- ∃ Goochland County
- ∃ Hanover County
- ∃ New Kent County

Henrico Health District
- ∃ Henrico County

Piedmont Health District**
- ∃ Amelia County
- ∃ Buckingham County
- ∃ Cumberland County
- ∃ Lunenburg County
- ∃ Nottoway County
- ∃ Prince Edward County

Rappahannock Health District**
- ∃ Caroline County
- ∃ King George County

Richmond City Health District
- ∃ Richmond City

Southside Health District**
- ∃ Brunswick County
- ∃ Mecklenburg County

Thomas Jefferson Health District**

- ∃ Fluvanna County
- ∃ Louisa County

Three Rivers Health District**

- ∃ Essex County
- ∃ King and Queen County
- ∃ King William County
- ∃ Lancaster County
- ∃ Northumberland County
- ∃ Richmond County
- ∃ Westmoreland County

Hampton Roads Region

Chesapeake Health District

- ∃ Chesapeake City

Crater Health District**

- ∃ Surry County
- ∃ Sussex County

Eastern Shore Health District

- ∃ Accomack County
- ∃ Northampton County

Hampton Health District

- ∃ Hampton City

Norfolk Health District

- ∃ Norfolk City

Peninsula Health District

- ∃ James City County
- ∃ Newport News City
- ∃ Poqouson City
- ∃ Williamsburg City
- ∃ York County

Portsmouth Health District

- ∃ Portsmouth City

Three Rivers Health District**

- ∃ Gloucester County
- ∃ Mathews County

- ∃ Middlesex County

Virginia Beach Health District
- ∃ Virginia Beach City

Western Tidewater Health District
- ∃ Franklin City
- ∃ Isle of Wight County
- ∃ Southampton County
- ∃ Suffolk City

* Originally these regions were known as HMO regions. Although that designation is no longer

in use by the Virginia Association of Health Plans, we have continued to use it to ensure continuity with the first *Healthy Virginia Communities* report.

** Indicates health districts that have cities/counties in two different regions.

Deaths and Age-Adjusted Death Rates from 10 Leading Causes
Virginia and United States, 1998

Virginia*

Leading Causes of Death (Final Data)	Number	Age-Adjusted Rate
1. Diseases of the heart	15,820	127.0
2. Malignant neoplasms	12,719	125.7
3. Cerebrovascular diseases	3,772	27.0
4. Chronic obstructive pulmonary diseases	2,450	20.7
5. Unintentional injury	2,267	27.0
6. Pneumonia and influenza	2,035	13.4
7. Diabetes mellitus	1,313	12.2
8. Suicide	827	11.1
9. Septicemia	780	6.5
10. Nephritis, nephrotic syndrome and nephrosis	758	5.9
All causes	53,629	475.5

United States**

Leading Causes of Death (Preliminary Data)	Number	Age-Adjusted Rate
1. Diseases of the heart	724,269	126.0
2. Malignant neoplasms	538,947	122.9
3. Cerebrovascular diseases	158,060	25.0
4. Chronic obstructive pulmonary diseases	114,381	21.6
5. Pneumonia and influenza	94,828	13.5
6. Unintentional injuries	93,207	28.5
7. Diabetes mellitus	64,574	13.6
8. Suicide	29,264	10.0
9. Nephritis, nephrotic syndrome and nephrosis	26,295	4.5
10. Chronic liver disease and cirrhosis	24,936	7.1
All causes	2,338,075	470.6

* Source: Virginia Center for Health Statistics

** Source: National Vital Statistics Reports, Volume 47, Number 25, October 5, 1999, Table E, page 6.

Note: Rates are adjusted to the 1940 Standard Population.

Data Sources

1. U. S. Department of Health and Human Services. *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*, Public Health Service, 1990.

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3. Virginia Department of Health, Center for Health Statistics. *Virginia Health Statistics Annual Reports* (1995-1998).

4. Virginia Department of Health, Division of STD/AIDS. *Division of STD/AIDS Surveillance Quarterly*, Volume 4, Numbers 2&3.

5. Virginia Department of Health, Office of Epidemiology. *Reportable Disease Surveillance in Virginia* (1995-1998).

6. Virginia Department of Health, Office of Epidemiology. *Annual Report Summary of Surveillance Data for Virginia Children with Elevated Blood Lead Levels* (1995-1998).

7. Other unpublished data resources at the Virginia Department of Health.

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Additional Information

The report will be available on the Virginia Department of Health (VDH) web page at <vdh@state.va.us> (click on *VDH Site Map* and look under the "H" listings). For additional information pertaining to this report, the following VDH contacts are suggested:

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